



STUDENT REGISTRATION CHECKLIST

Welcome to Lake George Central School District! In an effort to ensure a smooth registration process, we have created a checklist of items to complete prior to registering in our district office. Please contact Natalie Fullen, District Registrar, at fullenn@lkgeorge.org or (518) 668-5452 ext. 1211 with any questions.

Please complete the forms included in this packet and bring them with you to your registration appointment:

- | | |
|---|--|
| <input type="checkbox"/> Residency Questionnaire | <input type="checkbox"/> Record Release Authorization |
| <input type="checkbox"/> Student Information Update | <input type="checkbox"/> Student Handbook Acknowledgement |
| <input type="checkbox"/> Authorization for Use or Disclosure of Protected Health Information | <input type="checkbox"/> Student Athletic Form |
| <input type="checkbox"/> Health History | <input type="checkbox"/> Digital Equity Survey |
| <input type="checkbox"/> Dental Health Certificate (optional) | <input type="checkbox"/> Application for Parent Portal Account (optional) |
| <input type="checkbox"/> Mandatory New Student Questionnaire | <input type="checkbox"/> Affidavit – Family Residence |
| | <input type="checkbox"/> Home Language Questionnaire |

Please also bring the following documents to your registration appointment:

- Record of Physical Exam** (*Must be from within the last year*)
- Immunization Record**
- Proof of Residency** (*Must show the parent(s)/guardian(s) residential address*)

Documentation of Proof of Residency in the Lake George Central School District may include a copy of a residential lease, deed, or mortgage statement; or a notarized statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with.

If parent(s)/guardian(s) are unable to provide any of the above documentation, the district may consider the following as proof of residency: utility bills; pay stub; income tax form; membership documents based upon residency; voter registration documents; official driver's license, learner's permit, or non-driver ID; state or other government issued identification; documents issued by federal, state, or local agencies; custody or guardianship papers.

Proof of Student Age

Documentation of proof of age may include a duly certified transcript of a birth certificate filed according to law, or a duly certified transcript of a record of baptism, giving the date of birth; or, if not available, a passport showing the date of birth of the child; or, if not available, other documentary evidence may include: official driver's license; state or other government issued ID; school photo ID with date of birth; consulate identification card; hospital or health records; military dependent identification card; documents issued by federal, state, or local agencies; court orders or other court-issued documents; Native American tribal documents; records from non-profit international aid agencies, etc.

- Parent Photo ID**
- Latest Report Card and/or Transcripts**
- IEP or 504 Plan (if applicable)**
- Custody Paperwork (if applicable)**



RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: _____ / _____ / _____ Grade _____
Month Day Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check *one* box.)

- In a shelter
 With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
 In a hotel/motel
 In a car, park, bus, train, or campsite
 Other temporary living situation (Please describe): _____
 In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date



STUDENT INFORMATION UPDATE

School Year _____

Student Name _____ Student ID _____
Date of Birth _____ Grade _____
Teacher _____

Please complete the following areas and sign below.

1. Primary Address: _____
Mailing Address (if different) _____

2. Parent(s)/Legal Guardian(s) with whom the student **resides**:
Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

3. Parent(s)/Legal Guardian(s) with whom the student **does not reside**:
Name _____ Relationship to Student _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

Name _____ Relationship to Student _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Occupation _____
Email Address _____

4. Person to be called in an emergency if parents are unavailable (please list additional contacts on the back):
Name _____ Relationship to Student _____
Home Phone _____ Cell Phone _____ Work Phone _____

5. List all siblings (please list any additional siblings on the back):
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____

*PLEASE NOTIFY THE SCHOOL OF ANY CHANGES TO PHONE NUMBERS, ADDRESSES OR EMERGENCY CONTACTS MADE DURING THE SCHOOL YEAR.

LAKE GEORGE JR.-SR. HIGH SCHOOL

381 CANADA STREET, LAKE GEORGE, NEW YORK 12845-3900

TELEPHONE 518-668-5452 FAX 518-668-3796

Authorization for Use or Disclosure of Protected Health Information

In order to share protected health information with the school district, your healthcare provider may require completion of the form below to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays in care for your child.

I, _____ guardian for _____, DOB: ____/____/____
authorize the medical records of my child, to be released to the district from their healthcare provider and authorize the school district to share relevant school information with my healthcare providers.

Healthcare provider(s) listed below:

Name _____	Phone _____	Fax _____
Name _____	Phone _____	Fax _____
Name _____	Phone _____	Fax _____

The healthcare provider may disclose the following information:

- * Immunizations
- * Health Appraisals
- * Past/current medical conditions and its impact on attendance, athletics, school programming or therapy.
- * Other _____

The Protected Health Information may be used, disclosed or received for the following purpose(s):

- To develop care or therapy plans for routine and emergent school management
- To design appropriate educational, school, or athletic programs
- To assess the impact of the medical condition(s) on school programming and/or attendance
- To share school observations/concerns surrounding behavior
- To assess a medical basis for modification of transportation and/or home tutoring
- Medication delivery or therapy prescriptions
- At patient's request with no specified purpose
- Other _____

PARENT: Please select one.

This authorization is valid for the duration of attendance within the school district

or

This authorization is valid for the entire academic school year 20__ - 20__

or

This authorization shall expire on ____/____/____

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the health care provider listed.

Signature of Parent/Guardian (or student if over 18)

Relationship

Date



HEALTH HISTORY

To be completed by Parent/Guardian

Student Name _____ Date of Birth _____ Grade _____

	Yes	No		Yes	No
Medication Allergy (to what?) _____			Headaches/Migraines		
Food Allergy (to what?) _____			Head Injury/Concussion		
Seasonal/Environmental Allergies (to what?) Ex. pets, mold, dust, trees _____			Heart Problem/Murmur		
Insect (bee) sting allergy			Mononucleosis		
Does your child have an Epipen?			Pneumonia		
ADD/ADHD			*SEIZURE DISORDER		
Asthma Has Inhaler Has Nebulizer meds			Strep/frequent sore throat Has your child been seen by an ENT? Or allergy specialist?		
Bladder/Kidney Injury, disease, problem			Stomach Problems (reflux, lactose intolerance)		
Colds			Celiac disease		
*DIABETES			Tonsillitis		
Ear Infections Tubes			Developmental delay		
Hearing loss/Hearing aids			Physical Therapy		
Vision/Eye Problem			Speech Therapy		
Wears glasses or contacts			Any other health conditions? Please explain: _____		
Fracture/Sprain (please list) _____			Birth Weight: _____ Normal pregnancy/delivery?		
List Hospitalizations, Operations, Injuries Date: Explanation/Reason: _____ _____ _____			Has your child been to a Dentist? Name of Dentist: _____ Date of last exam: _____ Any dental problems? _____ Has orthodontic braces		

Child's Physician's Name: _____

Does your child take any medication(s)? No _____ Yes _____

If yes, please list the name and dosage of medication(s) and when taken: _____

Are there any medical, emotional, behavioral or developmental conditions requiring special attention? _____

Is your child receiving counseling services? _____

Parent/Guardian Signature: _____ **Date:** _____

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, Pre-K or K, 1, 3, 5, 7, 9, & 11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Will this be your child's first oral health assessment? Yes No
Month Day Year
 Female

School: Name _____ Grade _____

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of _____ on _____ (date of assessment)
The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

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Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



MANDATORY NEW STUDENT QUESTIONNAIRE

Student Name: _____

	Yes	No
Has your child ever received special education services? If so, when? _____ <i>(*Every parent/guardian has the right to have their child evaluated for the purposes of special education services and programs pursuant to applicable federal and state laws.)</i>		
Does your child have an IEP?		
Does your child have a 504?		
Has your child repeated a grade? If so, which one? _____		
Has your child ever been in a Gifted & Talented Program?		
Has your child ever had remedial reading?		
Has your child ever been inducted into the National Junior or Senior Honor Society?		
Has your child ever been enrolled in the Lake George School District? If so, when? _____		
Are you living in a shelter, with a relative or others due to lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other similar situation due to the lack of alternative, adequate housing; or temporarily housed in a shelter awaiting an OCFS permanent foster care placement? <i>(*Information required by the No Child Left Behind Act of 2001)</i>		
Does your child have a parent, step parent or guardian serving as a full-time active duty member of the United States Armed Forces?		
Do you have any custody limitations? <i>(*Must be documented with legal paperwork in district folder)</i>		
Is this student a foster child? If yes, attach form DSS-2999		
Does your child require transportation?		

What ethnicity is your child? Please circle all that apply:

- A) American Indian or Alaskan Native B) Asian C) Black (Not Hispanic Origin)
 D) Hispanic E) Pacific Islander F) White (Not Hispanic Origin)

Please provide name, number and address of your child's before/after school child care provider:

What is the main reason for moving to our school district? Please explain: _____

Please describe anything that the counselor should know about your child (immediate health concerns, behavior concerns, academic concerns, etc.): _____

Note: The Lake George Central School District may occasionally use student photographs, video recordings or work on the district website and/or in district and community publications. Any parent or guardian who does not wish to have his/her child(ren)'s picture or work used for these purposes must notify the building principal in writing.

<i>For Office Use Only</i>	<input type="checkbox"/> New Student	Effective Date: _____
	<input type="checkbox"/> Re-Entry	Student ID: _____
	<input type="checkbox"/> Move Out: _____ → Indicate:	
	<input type="checkbox"/> Transfer: _____ <input type="checkbox"/> Parent Placement	
	<input type="checkbox"/> Change: _____ <input type="checkbox"/> School Placement	Year Entered High School: _____



LAKE GEORGE CENTRAL SCHOOL DISTRICT
 381 CANADA STREET, LAKE GEORGE, NY 12845
 PHONE: (518) 668-5452 FAX: (518) 668-2285

RECORD RELEASE AUTHORIZATION

Student's Name:	Date of Birth:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby give permission for the following school to release records to Lake George Central School District:

School Name:	City/State:
<input type="text"/>	<input type="text"/>
School Phone:	School Fax/Email:
<input type="text"/>	<input type="text"/>

RECORDS REQUESTED	
Academic transcripts and report cards	Attendance records
Academic intervention service records	Disciplinary records
Special education records (IEP, 504 plan)	Standardized test scores
Psychological evaluations	Local assessments
Health records (last physical, immunization record)	Record of NYS Science Investigations (if applicable)
Record of birth	Custody paperwork

Please release all records requested pertaining to this student to Lake George Central School District. This release may not, in any way, be construed as permission to forward this information to a third party.

Records may be sent to Natalie Fullen, District Registrar. Thank you for your assistance.

Fax: (518) 668-2285

Email: fullenn@lkgeorge.org

 Parent/Guardian Signature

 School District Employee

Date: _____

Date: _____

* The attached scholastic records are released to you under allowable provisions of Public Law 93-380 Section 438 of the condition that you will not permit any other party to have access to these records or will not release this information contained therein in personally identifiable form to any other party without the written consent of the student (if under 17 years of age and not attending an institution of post-secondary education).

* The Final Regulations Family Rights and Privacy Act dated June 1976, no longer requires written parental consent to release student educational records between schools. These rules state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such release.

2023-2024 Student Handbook & Academic Eligibility Policy Acknowledgment

*This page must be returned to school with **REQUIRED SIGNATURES** and Information*

Print Student Name: _____ Guideroom: _____ Grade: _____

The 2023-2024 Student Handbook is available on the school’s website. If you do not have internet access and/or wish to receive a hard copy, please email Ana Hladik in the main office (hladika@lkgeorge.org) or call (518) 668-5452 Ext. 1201.

Handbook Acknowledgment:

We read the Student Handbook and understand the student responsibilities and consequences.

Academic Eligibility Policy Acknowledgment for Athletics & Extracurricular Activities:

We read the Academic Eligibility Policy for Athletics & Extracurricular Activities (Section 5805), and understand our responsibilities.

Student’s Signature: _____ **Date:** _____

Parent’s Signature: _____ **Date:** _____

Directory Information

FERPA defines “directory information” as information contained in a student’s education records that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information, as defined in federal regulations, includes info such as the student’s name, address, email address, photograph, date and place of birth, major field of study, grade level, enrollment status, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received and the most recent educational agency or institution attended. Lake George CSD shall limit the disclosure of information contained in the student’s education records except:

- a. by prior written consent of the student’s parents or an eligible student,
- b. directory information or,
- c. under certain circumstances, as permitted by FERPA, state and federal law.

Typical means of disclosure may include school publications, newsletters, newspapers, our student handbook, mailings, postings, school-affiliated websites, military recruiters, or institutions of higher education. For more detailed information, visit <https://studentprivacy.ed.gov>.

If you do **not** want your child’s name and/or photo used for any of the above during the **2023-2024 school year**, please submit a written request to the high school main office specifying which items you would like excluded.

A new request will need to be submitted each school year.



TRANSFER NOTIFICATION

This form must be completed for all transfer students and submitted to the Section 2 office.
UPON RECEIPT IN THE SECTION OFFICE, OF A NOTIFICATION EMAIL, THE STUDENT IS ELIGIBLE TO PRACTICE; BUT CANNOT PARTICIPATE IN A CONTEST UNTIL APPROVED BY THE SECTION.

Please Note: Make sure all available information/documentation is submitted prior to the Transfer Committee's review. NO appeal will be entertained involving additional information that WAS AVAILABLE but not included prior to the Transfer Committee's review.

PLEASE CHECK ONLY ONE (1) of THE FOLLOWING.

Waiver Request:

- _____ **Financial** – Requires documented proof of a significant loss of income OR a significant increase in expenses.
- _____ **Health & Safety** – Written documentation from the Superintendent of Schools or HS Principal of the previous school indicating the specific circumstances which necessitated the transfer.
- _____ **School District of Residence (SDR):** (No change of residence, school registration change only.) Student is transferring to a school within the district boundaries of his/her residence.

Exemption:

- _____ **Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six (6) months. The legal separation agreement or divorce document must address custody, child support, spousal support and distribution of assets and be filed with the County Clerk or issued by a Judge. **(proof required)**
- _____
Parent(s) Signature Attesting to Above

Athletic Director's Verification
- _____ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation (NYSED 100.2) **(STAC on file at the school)**

- _____ **No Corresponding Change of Address:** This transfer has no corresponding change of address nor does a waiver or exemption apply. We understand that the student is ineligible per the NYSPHSAA Transfer Rule and subject to the limitations contained in NYSPHSAA Handbook #31(b) passed July 2019.

_____ **Residency Change:** The entire family has abandoned the previous address and is physically residing at the current address. I/We attest that our previous residence has been abandoned by the immediate/entire family and our current residence has been established through action and intent. I/We attest that the immediate/entire family will be physically residing at our current address as inhabitants and intend to remain indefinitely. (The mere renting of property within the District does not confer residency. The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPHSAA Regulations.) I/We attest that the student has transferred without inducement, recruitment or having sought an athletic advantage.

Parent Signature: _____ Date: _____

By signing this document, I/We attest to the truth and accuracy of any and all information provided on this form.

Parent(s) Signature: _____ Date: _____ Signature: _____ Date: _____

Receiving School: _____ Student's Name: _____ Date of Birth: _____

Date of Registration/Transfer: _____ Grade Level: _____ Date Entered 9th Grade _____ Did Student Repeat Any Grades: YES NO

Student/Entire Family Previous Address: _____

Student/Entire Family Present Address: _____

Parent(s) Names and Current Addresses

Parent #1: Name _____ Address: _____

Parent #2: Name _____ Address: _____

Name of Previous School: _____ Did student participate in high school athletics at previous school? YES NO

OVER

TO BE COMPLETED BY RECEIVING SCHOOL'S ATHLETIC DIRECTOR IN CONVERSATION WITH PREVIOUS SCHOOL.

Address of Student While Attending Previous School: _____

Name & Relationship Of All With Whom Student Lived While Attending Previous School: _____

Dates of Attendance and Withdrawal of all Previous Schools: (grades 7-12)

1. School: _____ Attendance Dates: _____ Date of Withdrawal _____
2. School: _____ Attendance Dates: _____ Date of Withdrawal _____
3. School: _____ Attendance Dates: _____ Date of Withdrawal _____

List All High School Sports Student Has Played (7-12 grade)
Most Recent First

7th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
8th Grade:	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
9th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
10th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
11th Grade:	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____
12th Grade:	Sport: _____	Level: _____	School: _____
	Sport:: _____	Level: _____	School: _____
	Sport: _____	Level: _____	School: _____

Sports history verified by Receiving School's Athletic Director by:

_____ Telephone Conversation with _____ Date: _____
 _____ E-mail/Fax with _____ Date: _____

Failure to confirm after three (3) documented attempts:

1. Date/Time: _____ Method: _____
2. Date/Time: _____ Method: _____
3. Date/Time: _____ Method: _____

The Receiving School's Athletic Director has reviewed and verified all information on this document as accurate and true to the best of his/her knowledge.

Athletic Director Reviewed & Verified: Signature: _____ Date: _____

The undersigned hereby certify that the student named herein has transferred to his/her present school without inducement, recruitment or having sought an athletic advantage.

The receiving school's administration is responsible for verification for these and other eligibility requirements.

Superintendent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

**** If any information provided in this document by the parent(s) and/or Athletic Director is deemed to be inaccurate or false, will result in Eligibility Violations.**



LAKE GEORGE ATHLETICS

Student Name: _____

Lake George Jr.-Sr. High School offers a variety of sports. We would like to know if you have an interest in playing any of the following sports: (Please check any that you may be interested in.)

FALL	
Cross Country	
Football	
Golf	
Boys/Girls Soccer	
Girls Volleyball	
Cheerleading	

WINTER	
Boys/Girls Basketball	
Bowling	
Alpine Skiing	
Nordic Skiing	
Wrestling	
Cheerleading	

SPRING	
Baseball	
Softball	
Tennis	
Boys/Girls Track and Field	



LAKE GEORGE CENTRAL SCHOOL DISTRICT

SchoolTool Parent/Guardian Access Request Form

The Lake George Central School District is pleased to provide parents and guardians with access to student information records via the SchoolTool Parent Portal. In order to protect the confidentiality of student records, all parents/guardians who would like access are required to complete this form and return it in person to your child’s school. For security purposes, a photo ID is required when you return this form.

Parents and Guardians are required to adhere to the following SchoolTool Parent Portal guidelines:

- Parents/Guardians will access data solely in regard to their children.
- Parents/Guardians will not access any account assigned to another user.
- Please do not share your password with anyone, including your children.
- Please do not allow your computer to “remember” your Parent Portal password.

Parent/Guardian Name: _____

**One name per form*

Parent/Guardian Home Address: _____

Parent/Guardian Email Address: _____

**Only one email address per application. Your email address will be your username.*

Please list all children who are or will be enrolled at Lake George Central School District (Student Name)	What is your relationship to this student? (Mother/Father/Guardian)	Do you reside at the same address as this student? (Yes or No)	Grade

You only need to fill this form out once. New children will automatically be added.

I have read the SchoolTool Parent Access Form and agree to abide by and support the guidelines. I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Parent/Guardian Signature: _____ **Date:** _____

Important: Once the information on this form is received, verified, and processed, you will receive notification via email that your SchoolTool Parent Portal account has been created. The email will also contain instructions to complete the registration process.

Office Use Only:

___ ID Verified	Verified by: _____	Date: _____
___ Account Created.	Created by: _____	Date: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P.12

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 _____ <i>specify</i>	<input type="checkbox"/> Parent 2 _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School: _____	_____
Address: _____	_____

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been referred for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation Date

Relationship to student: Parent Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	