

Lansingburgh Central School District

Transportation Department

55 New Turnpike Road, Troy, New York 12182

Office: (518) 233-6838 - Option #4

Fax: (518) 235-5838

Transportation Date
Received Stamp

Alternate Pick-up/Drop-off Location Request

Students using alternate locations within the Boundaries of the Lansingburgh CSD, may receive transportation to and/or from that location with prior approval and completion of this form from the Transportation Department.

Students are allowed one pickup location and one drop off location only. We will not alternate between addresses during the week.

<u>Student Name</u>	<u>Grade</u>	<u>School Attending</u>

*Parent/Guardian's Name: _____ *Relationship: _____

*Parent/Guardian's Phone #: _____ *Home Address: _____

*Caregiver's Name: _____ *Relationship: _____

*Caregiver's Address: _____ *Caregiver's Phone Number: _____

*Alternate Location is for: AM Only ___ PM Only ___ AM&PM ___

Please read statement below, sign and date.

I understand all of the information contained on this request form. I further, will make the before care /aftercare person(s), aware of their responsibility to insure safe travel of the student(s) to and from the bus stop.

(Parent signature)

(Date)

Please direct any questions to the Transportation Office. Thanks in advance to parents/guardians for your help and cooperation keeping your children safe.

~Dave Greklek
Transportation Supervisor

STAC ID

STAC-202 HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD 2. DATE OF BIRTH 3. GENDER

LAST NAME MO / DAY / YR M F

FIRST NAME M.I.

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

8. COMPLETE ADDRESS OF CURRENT LOCATION <input type="text"/>	DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING <input type="text"/>
	MONTH DAY YEAR

9. DATE DISTRICT OF ATTENDANCE CHOSEN

MONTH DAY YEAR

10. DATE PLACED IN PERMANENT HOUSING

MONTH DAY YEAR

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP AREA CODE TELEPHONE NUMBER

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD DATE

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE TITLE

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE DSE

16. PLACEMENT COUNTY Local DSS use only AREA CODE TELEPHONE NUMBER

LANSINGBURGH CENTRAL SCHOOL DISTRICT
55 NEW TURNPIKE ROAD
TROY, NEW YORK 12182
ENROLLMENT FORM - HOUSING QUESTIONNAIRE

Name of LEA: Darwin Carr

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

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

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.