

LANSINGBURGH CENTRAL SCHOOL DISTRICT

Central Registration: 55 New Turnpike Road, Troy, NY 12182

Phone: (518) 233-6836 / Fax: (518) 235-5838

CHARTER AND PRIVATE/PAROCHIAL SCHOOL ANNUAL SERVICES

(DEADLINE: APRIL 1, 2020)

Date: _____ Full School Name: _____

Student Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Date of Birth: _____ Gender: M / F Has your child been accepted? Y / N

Grade Entering 2020-2021 _____ Does your child receive Special Education Services? Y / N

Has the student ever been enrolled in LCSD: Y / N If N - Entry/move-in date: _____

Previous School/Prior School District: _____

Is the student Hispanic, Latino or of Spanish origin? Y / N Language Spoken: _____

Race: Black /White /Asian /American Indian or Alaskan Native/Native Hawaiian or other Pacific Islander

Parent/Guardian Name: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian Name: _____

Home #: _____ Work #: _____ Cell #: _____

Transportation requirements: AM Only PM Only Both AM & PM

Students may be picked up and/or dropped off at APPROVED child care location: (location MUST be within LCSD)

Each Pick-up/Drop-off address MUST be at the SAME ADDRESS for ALL five days of the week and within school district boundaries

AM Pick-up: Address: _____ Name & Phone #: _____

PM Drop-off: Address: _____ Name & Phone #: _____

I have read and understood all of the information provided on this transportation request form. I certify that I am a resident of the Lansingburgh Central School District and am entitled to transportation services. I understand that this request is required to be turned in by April 1st of each year or within 30 days of establishing residency.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY: Proof of Residency: _____ Parent/Guardian Photo ID: _____ Birth Certificate: _____

DSS 299: _____ Court Papers/Custody Papers: _____ McK-V/STACC: _____ Direct Transfer from LCSD _____