



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

Date: _____ Full School Name: _____

Student Name: _____

Address: _____

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

Grade Entering 2022-2023 _____ Does your child received 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

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

Parent/Guardian Name: _____

Home/Cell #: _____ Work #: _____

Parent/Guardian Name: _____

Home/Cell #: _____ Work #: _____

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.

I hereby authorize the release of any medical, psychological, academic or other confidential records (such as an IEP), which may be protected by the Family Educational Right to Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA) of 1996, concerning my child referenced above, to the Lansingburgh Central School District.

Parent/Guardian Signature: _____ Date: _____

LANSINGBURGH CENTRAL SCHOOL DISTRICT

55 New Turnpike Road

Troy, NY 12182

ENROLLMENT FORM - HOUSING QUESTIONNAIRE

Name of LEA: Darwin Carr

Name of School:

Name of Student:

Gender: M / F Date of Birth: / / Grade:

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.)

- 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 youth)

Date

If ANY box other than "In permanent housing" is checked, then the student/family should be immediately referred to the McK-V 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 educational records, including immunization records and the enrolling district's LEA liaison must help the student get any other necessary documents of immunizations.

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

2023/24

TRANSPORTATION SERVICES REQUEST FORM

LANSINGBURGH CENTRAL SCHOOL DISTRICT

***** REQUEST MUST BE COMPLETED AND RECEIVED
BY DISTRICT OFFICE BEFORE APRIL 1st, 2023*****

To: Attn: Registration / Transportation
Lansingburgh Central School District
55 New Turnpike rd
Troy, New York 12182

(For Office Use Only)
DISAPPROVED [] APPROVED []
EFFECTIVE DATE: _____
Registration Verified: _____
Proof of Residency: _____

From:
Parent/Guardian Name: _____
Residence Address: _____
Street Apt # or Floor #
City State Zip Code

Home Phone # _____ Work # _____
Cell # _____ Cell # _____

Application is hereby made for transportation in accordance with Section 3635 of the Education Law of the State of New York and the transportation policy of this school district for:

STUDENT NAME: _____
(A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT)

STUDENT ADDRESS: _____

TRANSPORTATION REQUEST TO: _____
(School Name)

Students Grade When Transportation Starts: UPK K 1 2 3 4 5 6 7 8 9 10 11 12 (Circle One)

✓ Check One that apply to you.
Returning Student OR New To District Student Move In Date Required: ___/___/___

School of Previous Attendance: _____

I hereby certify that the above named student is a resident of Lansingburgh Central School District, and that he/she resides within the established transportation limits, and less than 15 miles from the school in which he/she is legally enrolled. I further certify that I consider this student to be entitled to transportation in accordance with the Education Law of the State of New York, and with the transportation policy of this school district.

I hereby also agree that, in the event transportation is furnished on the basis of any erroneous statement in this application, refund will be made to the Board of Education upon its request for payment.

Date Signature of Parent Guardian

NOTES/COMMENTS: