



LANSINGBURGH CENTRAL SCHOOL DISTRICT

At Troy

55 New Turnpike Road

Troy, New York 12182

www.lansingburgh.org

Cynthia B. DeDominick
Superintendent of Schools
(518) 233-6850, Ext. 33400

Central Registration
(518) 233-6836
Fax (518) 235-7436

Welcome to Lansingburgh Schools!

To register your child for school you will need the following documents:

1. Birth Certificate
2. Proof of Residency (such as a utility bill, mortgage or lease dated within 30 days of residing in District which reflects parent/guardian's name).
3. A copy of your most recently issued driver's license or photo ID
4. If Special Ed, IEP
5. Proof of custody if requested or DSS-2999 form if foster child

Students under the age of 18 must be accompanied by a parent/guardian

Required forms to be completed and returned to Central Registration, 55 New Turnpike Road:

1. Registration form
2. Student Racial & Ethnicity Identification form as required by US Department of Education
3. Student Residency Questionnaire
4. Home Language Questionnaire
5. Medicaid Consent: Release of Educational Information for Medicaid Funding, ensuring that the District can bill for services This has NO impact on public assistance funds, caps, private health insurance, etc.
6. Student Emergency Information: Please include all possible numbers so we may reach you in an emergency. This will be used for bussing issues.

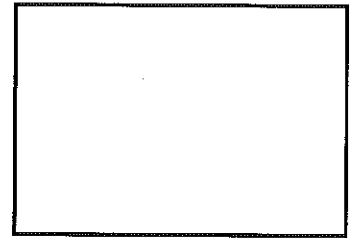
Optional Form:

Transportation Form/Request Letter: Please complete this form to see if your child is eligible for transportation. Completion of this form does not guarantee your child transportation.

Reminder: Transportation services request form must be filed on or before April 1st of EVERY school year.

For further explanation of these forms, please speak to the registration secretary. We appreciate your patience and time completing all these important documents.

Central Registration Hours are from: 8 A.M. to 11:30 A.M. and 12:30 to 3:30 P.M.
Closed Between 11:30 A.M. to 12:30 P.M.



LANSINGBURGH SCHOOL DISTRICT AT TROY, N.Y.

REGISTRATION FORM

PRIVATE/PAROCHIAL STUDENTS

<u>OFFICE USE ONLY</u>			
Student ID# _____	School Year: _____		
Date of Entry: _____	ALL INFORMATION LISTED IS ACCURATE.		
Entered in School Tool: _____	_____	_____	_____
	Residence Verified By		Date

Student _____

Last Name	First Name	Middle	Date of Birth
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Address _____

House #	Avenue/Street	Apt# or Floor	City	State	Zip Code	Home Telephone #
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School to Attend: _____

Gender: _____ Grade: _____

*Father/Guardian _____	*Mother/Guardian _____
*Address if Different _____	*Address if Different _____
*Cell Phone # _____	*Cell Phone # _____
Father's Employer _____	Mother's Employer _____
Father's Occupation _____	Mother's Occupation _____
Business Telephone # _____	Business Telephone # _____

Proof of Residence: _____

(Ex: Utility Bill, Pay Stub or Proof of Mortgage)

Student lives with _____

Is residence a New York Foster Care Placement? YES _____ NO _____ **If Yes, attach DSS-2999 form**

Do you have **custody** of the above mentioned student? **YES or NO** (Circle one)

Do you have **JOINT or TEMPORARY custody** of above mentioned student? (Circle one)

If yes, please provide a copy of the **COURT DOCUMENTS**. If no, who has custody? _____

E-mail: _____

Student's Brother(s):			Student's Sister(s):		
Name	School	Birth Date	Name	School	Birth Date
_____	_____	_____	_____	_____	_____

Are you entering any other siblings in the District today? YES _____ NO _____ If YES, which school _____

School or Preschool Previously Attended: _____

Former School's Address: _____

Student's Former Address: _____ **Former Phone #** _____

Does student have an **Individualized Education Plan (IEP)**? YES _____ NO _____

Was student ever enrolled in the Lansingburgh School District? YES _____ NO _____

If Yes, which school? _____ Date Transferred _____

The above information is correct to the best of my knowledge.

Signature of Parent or Guardian: _____ **Date:** _____



LANSINGBURGH CENTRAL SCHOOL DISTRICT
 55 NEW TURNPIKE ROAD
 TROY, NEW YORK 12182

Authorization of Release of Records

Date: _____

To: (Previous School, Doctor, Therapist, Other) _____

(Address): _____

(Telephone): _____

Re: (Child's Name): _____

(Date of Birth): _____

(Parent or Guardian: Please place your initials on the appropriate space provided):

_____ I hereby authorize the release of any medical, psychological, academic or other confidential records
 (Initials) (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.

Please send information to:

Central Registration Office 55 New Turnpike Road Troy, New York 12182 Fax# (518) 235-7436	Turnpike Elementary 55 New Turnpike Road Troy, New York 12182 Fax# (518) 235-3593	Rensselaer Park Elementary 70 110 th Street Troy, New York 12182 Fax# (518) 238-1725	Knickerbacker Middle 320 Seventh Avenue Troy, New York 12182 Fax# (518) 233-6828	Lansingburgh High 320 Seventh Avenue Troy, New York 12182 Fax# (518) 233-6826
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_____ I hereby authorize Lansingburgh Central School District to share any information concerning my child
 (Initials) involving his/her academic progress and the results of psychoeducational assessments and evaluations
 to the above referenced school, doctor, or therapist. I understand that these records are protected by
 the Family Educational Right to Privacy Act (FERPA) and/or the Health Insurance Portability and
 Accountability Act (HIPAA) and authorize Lansingburgh Central School District to freely exchange
 information with the above indicated professional for the benefit of my child.

_____ I hereby authorize Lansingburgh Central School District to release only the following information to the
 (Initials) Above referenced professional, concerning my child referenced above:

Signature of Parent or Guardian

Date

Print Name: _____

Relationship to child (please circle): Parent Guardian

**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 Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female 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.

LANSINGBURGH CENTRAL SCHOOL DISTRICT
55 NEW TURNPIKE ROAD
TROY, NEW YORK 12182
ENROLLMENT FORM - CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: Darwin Carr

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: Hombre Fecha de Nacimiento: ____/____/____ Grado: ____ ID#: ____
 Mujer Mes Día Año (jardín de infantes - 12) (opcional)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa):

En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, no se requieren prueba de domicilio u otros documentos normalmente requeridos para inscripción y el estudiante debe ser matriculado inmediatamente. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.



Form
SREI

LANSINGBURGH CENTRAL SCHOOL DISTRICT

Student Racial and Ethnicity Identification

To the Parent/Guardian: The Lansingburgh Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Lansingburgh Central School District in accordance with the federal categories and definitions. The information will be used to:

- < Report information to the State and federal Education Departments.
- < Plan educational programs and make sure that they are readily available to all students.
- < Study the movement of students in different ethnic groups as they move from school to school.
- < Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The Lansingburgh Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If this information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulation cited below.

The Family Rights and Privacy Act (1974) prohibits unauthorized access to student records

Please complete the form on the reverse side of the page



Student Racial and Ethnicity Identification

Name of School	
School District Identification Number:	Date of Birth (MM/DD/YYYY)
Student Name: Last, First, Middle:	Grade Level:

Directions to Parent/Guardian:

PLEASE ANSWER QUESTIONS (1) AND (2)
PLEASE READ THEM BEFORE YOU RESPOND

For question (1) Check (✓) the box that best describes your child. Check (✓) only ONE box.

HISPANIC INDICATOR

1 - Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin.

YES-Hispanic

NO-Non-Hispanic

For question (2) Check (✓) the box that best describes your child.

RACE

2 - Select one or more races from the following five racial groups:
For question (2) Check (✓) all groups that apply to your child; Check (✓) at least ONE box:

WHITE: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East.

BLACK: A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

NATIVE AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. For example, Cherokee, Mohawk, Innu, Mayan, Inca (but not limited to those listed).

Signature of Parent/Guardian/Other

Date

Relationship to Student (Please Check (✓) ONE box below):

Mother Father Guardian Other (Specify) _____



Lisette Colón-Collins, Assistant 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 Guardian:
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.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

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"/> Mother	<input type="checkbox"/> Father	_____
			<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	_____
			<i>specify</i>
		<input type="checkbox"/> Does not speak	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
		<input type="checkbox"/> Does not read	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
		<input type="checkbox"/> Does not write	

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN HYS STUDENT INFORMATION SYSTEM:
Lansingburgh Central School District 55 New Turnpike Road, Troy <small>District Name (Number) & School Address</small>	

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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <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 <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. <u>If referred for an evaluation</u> , has your child ever <u>received</u> 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: _____
 _____ Date

Signature of Parent or of Person in Parental Relation _____

Relationship to student: Mother Father 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: _____ _____	

**Lansingburgh Central School District
 Committee on Special Education
 55 New Turnpike Road
 Troy, NY 12182 ((518) 233-6808)**

Medicaid Consent

Dear Parent/Guardian:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP).

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of _____, have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

LANSINGBURGH CENTRAL SCHOOL DISTRICT

Student Emergency Information

Circle One: LHS KMS RPES TES

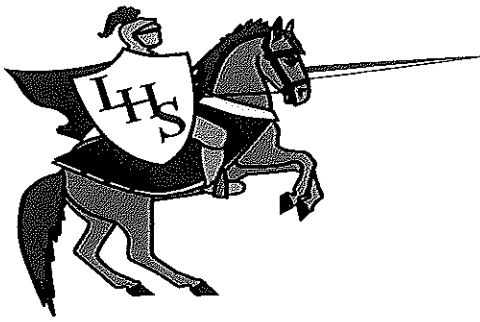
Last Name:		First:		Middle:		Gender:		Student Name Last First Middle	
Age:	Date of Birth-----Month:		Day:	Year:	Grade:	Homeroom:			
Student's Home Address:					Home Phone #:				
Name of Person the Student Resides With:					Relationship:				
Mother's Name:				Mother's Cell #:					
Mother's Address if Different:			Mother's Employment:		Mother's Work #:				
E-mail Address:									
Father's Name:				Father's Cell #:					
Father's Address if Different:			Father's Employment:		Father's Work #:				
Person to contact in case of an emergency:					Emergency Phone #:				
In the event of an emergency, illness or injury and a parent is unavailable – Person(s) to contact for care and transportation.									
Name:				Phone:		Relationship:			
Name:				Phone:		Relationship:			
NOTE: Please advise these individuals that you have listed them as your emergency care and transportation contact.									

Primary Care Physician:		Phone:		TEACHER
Dentist:		Phone:		
Hospital of Choice*:		*NOTE: In the event of an emergency, illness or injury, transportation will be to the nearest hospital.*		
Current Medications:				
Special Health Considerations:				
Current Medical Conditions:				
Allergies:		Medication Allergies:		
Medical Insurance Company:		Medical Insurance ID#:		
PLEASE NOTE: This Medical Authorization will be used after school personnel have made every attempt to contact the parent/guardian.				
I hereby authorize any hospital to give emergency care to my son/daughter in the event I cannot be reached.				
Parent/Guardian Signature: _____		Date: _____		

In case of emergency evacuation and home is not a viable option for the student to be sent to be sent to, please specify alternate locations:		Grade
1 st Choice Location Name:	2 nd Choice Location Name:	
Address:	Address:	
Phone #:	Phone #:	

Student should have **NO** contact with:

Name:	Relationship:
Name:	Relationship:



Lansingburgh Central School District
55 New Turnpike Road
Troy, New York, 12182
Phone :(518) 233-6850 Fax: (518) 235-7436

March 01, 2018

Re: Transportation

Dear Parent/Guardian:

Lansingburgh Central School District policy #8413 and Section 3635 of the Education Law of the State of New York, require District students attending Private, Parochial and/or Charter Schools to submit annually a transportation services request form by April 1st.

(Separate request forms must be completed for each child).

This process will help us better serve your child based on the information received. Student's transportation assignment to bus routes will be provided upon the required documents being completed, verified & processed prior to the **April 1st, 2018 deadline.**

Lansingburgh Central School District Policy #5150 requires all parents/guardian to register their students *in person*. Students Birth Certificate, Proof of Residency (Dated within 30 days of residing in District) & Photo ID of Parent/Guardian **are required**. Registration is required only once, after that and each year following registration, a request for transportation form need only be completed. Charter School students must provide an updated proof of residence annually as will any other student whose residency is in question.

Any change of address occurring during the school year requires residency verification by Central Registration Office. Student's transportation is placed on hold until residency has been verified.

TRANSPORTATION APPLICATION FORMS are available at the Lansingburgh CSD office and on the Districts web site. www.lansingburgh.org

District Office location is at 55 New Turnpike Road, Troy NY 12182. (518-233-6850)
For further questions or concerns please contact Transportation office. (518) 233-6838 **Option 4**
Thank You

David J. Greklek
Registration/Transportation

Office Use Only

Transportation for the school year 2018-2019 has been denied for the following reason(s):

_____ School beyond **(S.E.D.) 15 mile limitation.**

_____ Transportation Request received **after S.E.D. deadline of April 1, 2018.**

_____ Registration documents **not filed** with the District Registration Office.

_____ Proof of Residency documents **not filed**, District residency meeting **unattended.**

2018/19

TRANSPORTATION SERVICES REQUEST FORM

LANSINGBURGH CENTRAL SCHOOL DISTRICT

***** REQUEST MUST BE COMPLETED AND RECEIVED BY DISTRICT OFFICE BEFORE APRIL 1ST*****

To: Attn: Registration / Transportation
Lansingburgh Central School
District 55 New Turnpike Road
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 # _____

Mother/Guardian Cell # _____ Father/Guardian 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 applies to you.

Returning Student _____ OR Switching Schools _____ OR

[Student New To District _____ ** Move In Date Required: / /20____]

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



LANSINGBURGH CENTRAL SCHOOL DISTRICT

At Troy

55 New Turnpike Road

Troy, New York 12182

www.lansingburgh.org

Cynthia B. DeDominick
Superintendent of Schools
(518) 233-6850, Ext. 33400
(518) 235-7436 (Fax)

2018/2019 Board of Education Transportation Request Letter

Lansingburgh Transportation requires students attending Non-public or Charter schools to complete a transportation request form and return it to the district office no later than April 1st of the proceeding school year for which transportation is being requested. This must be done annually.

If filing after the April 1st deadline please provide the following: Proof of Residency such as a Utility Bill dated in the last 30 days in YOUR name (NO Leases accepted), Picture ID and an Explanation/Reason at the bottom of this page for filing after the April 1st deadline.

Please give a detailed explanation as to why the request form is late, then Sign and Date this Transportation Request Letter for Administrative review. **Completion of this form does not guarantee your child will receive transportation.**

Thank you for your cooperation.

_____ / _____ /20

Signature: _____ Relationship to Student: _____