



Lake Placid Middle/High School

34 School Street

Lake Placid, New York 12946-1500

518-523-2474 Fax 518-523-2896

Dear Parent/Guardian,

Enclosed is our registration packet. In it, you will find A Guide to Understanding the New Rules for School Registration and the following documents to be completed and returned:

1. Registration Form (2 pages)
2. Request for records from previous school
3. Residency Questionnaire
4. Home Language Questionnaire

Please submit the following along with the above completed documents:

1. Birth Certificate or Proof of Age (see attached guide)
2. Proof of Residency - copy must be current and show physical address. Please see the Guide for a complete list of ways to show residency, including:
 - a. Driver's license, utility or other bill
 - b. Current lease or proof of home ownership
 - c. Pay stub
 - d. Income tax form
 - e. Documents issued by federal, state, or local agencies (such as a social service agency)
3. Immunization records and most recent physical exam (this can often come from the previous school if applicable)

The other documents in this packet are for your information. If you have any questions, please feel free to contact our office at (518) 523-2474 x. 4022 or email acash@lakeplacidcsd.net.

Amanda Cash

Lake Placid Middle/High School Counseling Office/Registrar

UNITED - EMPOWERED - ENGAGED



Welcome to Lake Placid Middle/High School!

We are excited to have you join us for the 2023-2024 school year.

Here's some information you will need to know as you get started at our school:

1. The school day runs from 8:15 a.m. - 2:49 p.m. Students are expected to be in their homerooms by 8:15 or you will be marked tardy. If you arrive at school after 8:15 a.m., please go to the main office to check in before going to class.
2. We have an optional 10th period of the day from 2:53 - 3:25 p.m. The purpose of this period is to get extra help from teachers or catch up on work. Any student is allowed to stay for 10th period if they want. Students are expected to be with a specific teacher during this time.
3. Bus transportation is available for any student who needs it. Please inquire in the main office about riding the bus. Students may also be dropped off/picked up at the ramp door on Cummings Rd., or they may walk or ride bikes to school.
4. Breakfast and lunch is free for all students this school year. A menu is sent out in the weekly email newsletter and is available on the school website (www.lpcsd.org).
5. If your child is absent from school for any reason, please call the main office to report their absence and the reason.

Our school phone number is 518-523-2474.

- Main Office/Attendance (Patty Mayberry and Kaylee Taylor): ext. 4001
- Counseling Office (Amanda Cash): ext. 4022
- School Social Worker (Jessica Seymour): ext. 4021
- Nurse (Amanda Rodriguez): ext. 4007
- Principal (Theresa Lindsay): ext. 4017
- Dean of Students and Athletic Director (Jeffrey Nemec): ext. 4005

Please don't hesitate to reach out if you have any questions or need anything along the way. If you need help with other resources such as food, shelter, or clothing, please reach out to our school social worker. Our goal is to help every student feel welcome and be successful at school and beyond!

UNITED - EMPOWERED - ENGAGED



The Lake Placid Central School community is united in educating and supporting students to be engaged and empowered throughout their personal journeys.



Lake Placid Middle High School

Class Schedule

2023-2024



MIDDLE SCHOOL SCHEDULE		
	START	END
Homeroom	8:15	8:24
1 st	8:27	9:08
2 nd	9:11	9:52
3 rd	9:55	10:36
4 th	10:39	11:20
5 th	11:23	12:04
6 th - Lunch	12:07	12:37
7 th	12:40	1:21
8 th	1:24	2:05
9 th	2:08	2:49
10 th	2:52	3:25

HIGH SCHOOL SCHEDULE		
	START	END
Homeroom	8:15	8:24
1 st	8:27	9:08
2 nd	9:11	9:52
3 rd	9:55	10:36
4 th	10:39	11:20
5 th - Lunch	11:23	11:53
6 th	11:56	12:37
7 th	12:40	1:21
8 th	1:24	2:05
9 th	2:08	2:49
10 th	2:52	3:25

Students will be allowed in the building for Early drop off starting at 7:30 a.m.

****Period 10: All students must leave the building immediately after 9th period (2:49), unless attending an authorized 10th period activity or staying with a teacher.**
There will be no 10th period on Fridays.

Final Adopted 2-21-23

2023-2024 SCHOOL YEAR

Regents Examinations.

School is not in session

Conference Days

Half Staff Development Days

Parent Teacher Conference Day – half day for students

3-8 Assessments and 4 & 8 Sci. Exam *TBD

Opening Day for staff is Sept.5

Opening Day for students is Sept. 7

September 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER

Sept. 4 Labor Day
 Sept. 5-6 Supt. Conference Days
 Sept. 7 Opening Day of School
 Sept. 22 ½ Staff Development Day

OCTOBER

Oct. 9 Columbus Day
 Oct. 27 Supt. Conference Day

NOVEMBER

Nov. 9 ½ Staff Development Day
 Nov. 10 Veterans Day (observed)
 Nov. 20 Parent Teacher Conferences
 Nov. 21 Emergency Drills ½ day
 Nov. 22-24 Thanksgiving Recess

DECEMBER

Dec. 25-29 Winter Vacation

JANUARY

Jan. 1 New Year's Day
 Jan. 2 Day after New Year's
 Jan. 15 Martin Luther King, Jr. Day
 Jan. 23-26 Regent's Exams

February 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

October 2023

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

March 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2023

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21*	22	23	24	25
26	27	28	29	30		

FEBRUARY

Feb. 19-20 Winter Break

MARCH

Mar. 15 Supt. Conference Day
 Mar. 29 Good Friday

APRIL

Apr. 1-12 Spring Break

MAY

May 24 ½ Staff Development Day
 May 27 Memorial Day

JUNE

June 17-26 Regent's Exams
 June 19 Juneteenth
 June 26 Last Day of School

April 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

May 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2024

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Summary of School Days

September 19	February 19
October 21	March 20
November 18	April 12
December 16	May 22
January 20	June 17
	Total 184

Grading Periods

Q1 Sept. 7 – Nov. 9
 Q2 Nov. 13 - Jan. 26
 Q3 Jan. 29 – March 22
 Q4 March 25 - June 26

*Early Dismissal Elem. 11:30 a.m.
 MHS 11:20 a.m.

WHAT IF...

the youth is not living with a parent?
the parents are separated or divorced?

To enroll in school:

You (the parent, guardian, or caregiver) have to show that the youth is living with you and that you have total and permanent custody and control. To do this, you can show the school district:

- proof of custody or guardianship
OR
- an affidavit (written statement signed under oath) saying that you have "total and permanent custody and control" over the child
OR
- other proof such as documentation that the child has been placed with a sponsor by a federal agency.

There are different requirements for youth in temporary housing (this may include, for example, youth who have run away or been kicked out of their homes).

For more information about temporary housing and enrollment, call NYS-TEACHS at 800-388-2014.



For more information:

Enrollment requirements:

NYS Education Department
Office of Student Support Services
(518) 486-6090

Enrollment of immigrant children and youth:

NYS Education Department
Office of Bilingual Education &
World Languages
(718) 722-2445

Enrollment of children and youth in temporary housing:

NYS Technical and Education Assistance
Center for Homeless Students
(NYS-TEACHS)
(800) 388-2014

NYS Education Department
State Coordinator for Homeless Education
(518) 473-0295

This pamphlet is a summary of the applicable regulatory provisions and is intended for informational purposes only. For further information on the applicable regulatory requirements, please consult an attorney or see 8 NYCRR section 100.2(x) and 100.2(y), as amended effective July 1, 2015.

August 2015



A GUIDE TO *understanding* THE NEW RULES FOR SCHOOL REGISTRATION



New York State
EDUCATION DEPARTMENT
Knowledge > Skill > Opportunity

To enroll in school, you have to show:

- that you live and intend to remain in the school district. This is called showing you are a "resident."
- AND
- your child's age.



Do you know how to show that you live in the district where you are enrolling your children?



Do you know how to prove your children's ages?

Did you know:

- Your child must be enrolled within one day of your request.
- Children and youth can get a free public education, even if they are undocumented or are not citizens.
- Schools **cannot** ask you for your social security card or social security number at the time of or as a condition of enrollment.
- Schools **cannot** ask about immigration status at the time of or as a condition of enrollment (but after enrollment they may ask about which country your child was born in).
- There are many different ways to show residency. Schools must give you choices and **cannot** only ask for a lease or a deed.
- Your child can be enrolled in school even if you don't have his or her birth certificate.
- Youth may enroll in school under certain circumstances even if they are not living with their parents.

Children and youth in temporary housing can enroll in school without the documents normally needed to enroll. Children and youth are temporarily housed or homeless if they lack a fixed, regular, and adequate nighttime residence which includes, for example:

- living in a shelter or,
- sharing the home of a relative or a friend because they lost their home or were evicted.

Ways you can show residency:

- Lease or deed
- Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there
- A letter from the person you pay rent to saying you live there
- A letter from another person saying you live at your address
- Other documentation, such as:
 - Pay stub showing your address
 - Income tax form that shows your address
 - Utility bill or other bill in your name
 - Membership documents based on residency, such as a local library card
 - Voter registration card
 - Driver's license, or permit, or non-driver ID
 - State or other government issued ID
 - Documents from government agencies such as a social service agency or the federal Office of Refugee Resettlement
 - Custody or guardianship papers

If the school district decides your child can't go to school in the district because he or she is not a resident, the district must give you a letter within two business days explaining its decision and how to appeal the decision.

Ways to show a child's age:

- Certified Birth Certificate (from any country)
 - Baptismal record (from any country)
 - A Passport (from any country)
- If you don't have a Birth Certificate, baptismal record, or passport, you can use other documents if you've had them for at least two years, such as:
- Driver's license
 - State or governmental ID
 - School photo ID with date of birth
 - Consulate ID card
 - Hospital or health records
 - Military dependent ID card
 - Other documents from federal/state/local agencies (examples: Department of Social Services, Office of Refugee Resettlement)
 - Court orders
 - Native American tribal document
 - Records from international aid agencies or voluntary agencies

Lake Placid Central School Registration

Date _____

Student Information:

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Sex _____ Grade _____

SSN _____ - _____ - _____ Place of Birth _____

Ethnic Background _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ Hispanic or Latino
_____ Native Hawaiian/Pacific Islander _____ White

Home Phone _____ Student's Cell Phone _____

Family Information:

Parent/Guardian Name #1 _____ **Relationship** _____

Phone Number (please check one) ____ home ____ cell ____ work _____

Phone Number (please check one) ____ home ____ cell ____ work _____

Physical Address (not a PO Box) _____

Mailing Address (if different) _____

Email Address _____

Parent/Guardian Name #2 _____ **Relationship** _____

Phone Number (please check one) ____ home ____ cell ____ work _____

Phone Number (please check one) ____ home ____ cell ____ work _____

Physical Address (not a PO Box) _____

Mailing Address (if different) _____

Email Address _____

Currently Living With (please check): ____ both parents ____ mother only ____ father only ____ guardian

Continued on next page

Person(s) to call in an emergency (in addition to parent/guardian):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Siblings:

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Office Use Only:

Student ID _____

Enrollment Date _____ Start Date _____

Received:

_____ School records

_____ Physical within 1 year

_____ Immunization Record

_____ Birth Certificate

_____ Proof of Residency

REQUEST FOR SCHOOL RECORDS

LAKE PLACID MIDDLE/HIGH SCHOOL
COUNSELING OFFICE/REGISTRAR
34 SCHOOL STREET
LAKE PLACID, NY 12946
PHONE: (518) 523-2474 x. 4022 FAX: (518) 523-2191

DATE REQUESTED: _____

TO: LAST SCHOOL ATTENDED: _____

PREVIOUS SCHOOL PHONE # _____ FAX # _____

_____ has enrolled in our school.
(Student's name)

GRADE: _____ DOB: ____/____/____

We are requesting the following records:

1. Academic Records, including: Transcript, previous report card(s), Permanent Student Record, current schedule and grades (if applicable)
2. Attendance and discipline records
3. Special Education Records (if applicable)
4. Health Records, including most recent physical exam and immunization records
5. Birth Certificate or Passport

Please record an exit date no later than ____/____/____ to prevent overlapping enrollments.

Please send records to: **Lake Placid Middle/High School**
Attn: Amanda Cash
34 School Street
Lake Placid, NY 12946
acash@lakeplacidcsd.net
Fax: (518) 523-2191

Parent/legal guardian/legal custodian's signature is preferred, but the Family Educational Rights and Privacy Act of 1974 states that parental signatures are not required for transfer of records between schools.

Parent/Legal Guardian/Legal Custodian's Signature

Lake Placid Central School

Enrollment Form – Residency Questionnaire

Name of Student (Last, First, M.I.): _____

Gender: ☐ Male ☐ Female

Date of Birth: ____/____/____

Month, Day, Year

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 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



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:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
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	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <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 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

☐ ☐ ☐ *If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ 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? _____

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: