



Lake Placid Midd

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
- 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	HIGH SCHOOL							
SCH	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

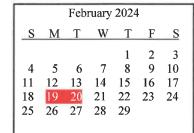
Opening Day for staff is Sept.5

Opening Day for students is Sept. 7

September 2023							
<u>S</u>	M	T	W	T	F	<u>S</u>	
					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	

SEPTE	MBER
Sont	1

SELLEMBER	
Sept. 4	Labor Day
Sept. 5-6	Supt. Conference Days
Sept. 7	Opening Day of School
Sept. 22	1/2 Staff Development Day
OCTOBER	•
Oct. 9	Columbus Day



	October 2023							
_ <u>S</u>	M	T	W	T	F	<u>S</u>		
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						
	- 0							

NOV. 9
Nov. 10
Nov. 20
Nov. 21
Nov. 22-24
ECEMBER

Dec. 25-29

JANUARY

Jan. 1

Jan. 2

Jan. 15

Jan. 23-26

May 27

June 19

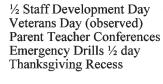
June 26

June 17-26

JUNE

Oct. 27

NOVEMBER



Winter Vacation

New Year's Day

Regent's Exams

Memorial Day

Regent's Exams

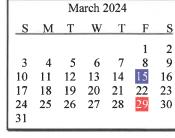
Last Day of School

Juneteenth

Day after New Year's

Martin Luther King, Jr. Day

Supt. Conference Day



_								
	November 2023							
-	<u>S</u>	M	T	W	T	F	<u>S</u>	
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	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			
U.								

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	1/2 Staff Development I

April 2024							
<u>_S</u>	M	T	W	Т	F	S	
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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	
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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							

Summary of	School Day	s
September 19	February	19
October 21	March	20
Marramhan 10	A	10

		M	Iay 20	024		
_ <u>S</u>	M	T	W	T	F	S
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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

		Jan	uary	2024		
S	M	T	W	T	F	<u>S</u>
	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			

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

Q4 March 25 - June 26

anuary 20 June 17	<u>S</u>	M	T	W	<u>T</u>	F	<u>S</u>	
Total 184		2	1	5	6	7	1	
		10	4	10	10	1 4	1.5	
Cuadina Dania da	9	10	11	12	13	14	15	
Grading Periods	16	17	18	19	20	21	22	
Q1 Sept. 7 – Nov. 9	23	24	25	26	27	28	29	
Q2 Nov. 13 - Jan. 26	30	-	4 00 000					
Q3 Jan. 29 – March 22	-	===						-

*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
- O.R.
- 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

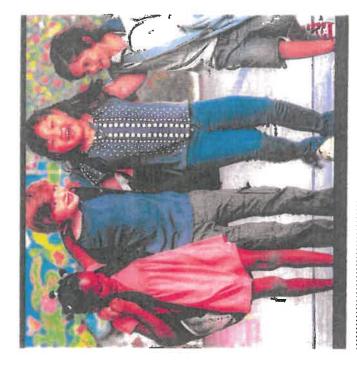
Enrollment of children and youth in temporary housing:

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 understandin THE NEW RULES FOR SCHOOL REGISTRATION





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."



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?

Dic 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 ad-
- 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

Sex American Indian of Black or African A Native Hawaiian/I	Place	Grade ce of Birth Native ander Ell Phone Relationslwork work	AsianHispanic or LatingWhite
American Indian of Black or African A Native Hawaiian/I	Planor Alaska merican Pacific Isla dent's Ce cell	ce of Birth Native ander Il Phone Relationslwork work	AsianHispanic or LatingWhite
American Indian of Black or African A Native Hawaiian/I	or Alaska merican Pacific Isla dent's Ce cell	Native ander ell Phone Relationslwork work	AsianHispanic or LatingWhite hip
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Person(s) to call in an em	nergency (ir	n addition	to parent	/guardian):	
Name	_ Relationship	o		Phone #	
Name	_ Relationship	·		Phone #	
Siblings:					
Name			Sex	DOB	
Name					
Name			Sex	DOB	
Name			Sex	DOB	
<u></u>					
Office Use Only:					
Student ID					
Enrollment Date		Start Date _			-
Received:					
School records					
Physical within 1 yea	ar				
Immunization Record	d				
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 ATTEND	ED:
PREVIOUS SCHOOL PHONE	E#FAX #
	has enrolled in our school.
(Student's name)	
GRADE:	DOB:/
schedule and grade 2. Attendance and dis 3. Special Education F 4. Health Records, inc 5. Birth Certificate or	scipline records Records (if applicable) cluding most recent physical exam and immunization records
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 cust parental signatures are <u>not</u> requ	todian's signature is preferred, but the Family Educational Rights and Privacy Act of 1974 states that uired 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:	
Address:	Phone:
receive under the McKinney-Vento Act. Students entitled to immediate enrollment in school even if as proof of residency, school records, immunizations.	etermine what services you or your child may be able to who are protected under the McKinney-Vento Act are f they don't have the documents normally needed, such ation records, or birth certificate. Students who are o be entitled to free transportation and other services.
 Where is the student currently living? (Please check of the student currently living? (Please check of the student currently living? (Please check of the student currently living?) In a shelter With another family or other person because (sometimes referred to as "doubled-up") In a hotel/motel In a car, park, bus, train, or campsite Other temporary living situation (please described in permanent housing) 	of loss of housing or as a result of economic hardship
Print name of parent, guardian, or student (for unaccompanied homeless youth)	Signature of parent, guardian, or student (for unaccompanied homeless youth)
Date	



District Name (Number) & School:

Address:

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 STUDENT NAME: Relation: In order to provide your child with the First Middle Last best possible education, we need to determine how well he or she DATE OF BIRTH: GENDER: understands, speaks, reads and writes □ Male in English, as well as prior school and Month □ Female Day Year personal history. Please complete the sections below entitled Language PARENT/PERSON IN PARENTAL RELATION INFO: Background and Educational History. Your assistance in answering these Last Name First Name Relation to questions is greatly appreciated. Thank you. HOME LANGUAGE CODE Language Background (Please check all that apply.) 1. What language(s) is(are) spoken in the student's home ■ English Other or residence? specify 2. What was the first language your child learned? ☐ English Other 3. What is the Home Language of each parent/guardian? □ Parent 1 ☐ Parent 2 specify specify □ Guardian(s) specify 4. What language(s) does your child understand? English ■ Other specify 5. What language(s) does your child speak? □ Other English ■ Does not speak specify 6. What language(s) does your child read? ■ English □ Other □ Does not read specify 7. What language(s) does your child write? □ Other ■ English ■ 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:

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
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?
10b. * <u>If referred for an evaluation.</u> has your child ever <u>received</u> 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 Dother:
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: ONO YES
**DATE OF INDIVIDUAL **DITEOURISM **DITEOUR
INTERVIEW: REFER TO LANGUAGE PROFICIENCY TEAM MO DAY YR.
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL
Name: Position: Proficiency Level
ACHIEVED ON DENTERING DEMERGING TRANSITIONING DEXPANDING DEMERGING TRANSITIONING DEXPANDING DEMERGING DEME
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

2 ENGLISH