



# **Lackawanna City School District**

Registration Office  
245 South Shore Boulevard  
Lackawanna, New York 14218  
Phone: (716) 821-5610, Extension 7703

## **WELCOME TO THE LACKAWANNA CITY SCHOOL DISTRICT**

### **ENROLLMENT PROCESS:**

Please complete **ALL** the forms in this packet. All forms must be filled out completely.

- Once completed, or if you have any questions or are in need of assistance, please contact the Registrar's Office to make an appointment at (716) 821-5610, Extension 7703.
- Please be prepared at that time to supply documentation listed herein.

### **PROOF OF STUDENT RESIDENCY:**

A parent or person in parental relation must submit documentation and/or information establishing physical presence of the parent or person in parental relation and **the child in the School District**. Such documentation may include but shall not be restricted to: a copy of a residential lease or proof of ownership of a house, such as deed or mortgage statement; a statement by a third-party landlord, owner or tenant from whom the parent or person in parental relation leases or with whom they share property within the District, which may be either sworn or unsworn; or such other statement by a third party establishing the parent's or person in parental relation's physical presence in the District.

### **ADDITIONAL DOCUMENTATION:**

The District reserves the right to require the parent or person in parental relation to provide an affidavit either:

- Indicating that they are the parent with whom the child lawfully resides; or
- Indicating that they are the person in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise. The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

### **NOTES:**

- If your child has received any Special Education Services, such as Speech, Occupational Therapy, Physical Therapy, Consultant Teacher, Resource Room, etc. a copy of the IEP (Individual Education Plan) is mandatory.
- Any documentation which includes a Post Office Box as an address will be unacceptable as proof of residency.



## LACKAWANNA CITY SCHOOL DISTRICT REQUIRED DOCUMENTATION:

- Original Birth Certificate of Registering Student (Required)
- Photo Identification of Parent/Legal Guardian (Valid Driver's license with photo or non-driver's photo identification is required)
- Proof of Residency (One Primary proof of residence and at least one Secondary proof of residency. See List of Acceptable Primary and Secondary Proof of Residency below)
- Legal Custody or Guardianship Paperwork (If Applicable)
- Immunization Records and Physical Exam (A Doctor's certificate of Immunization and Physical Exam are required.)
- Report Card (Your child's most recent report card and transcript, if applicable)
- Individualized Education Program (IEP) or 504 Plan (Your child's most recent IEP or 504 Plan, if applicable)

### ACCEPTABLE PRIMARY PROOF OF RESIDENCE:

- Current year residential tax bill of an approved residential real property within the District in the name of the parent/legal guardian.
- Residential mortgage statement instrument or legal statement showing ownership of an approved residential real property within the District in the name of the parent/legal guardian.
- Lease or rental agreement of an approved residential real property within the District in the name of the parent/legal guardian. Must also include landlord's name, address and telephone number for verification purposes. This document must have current dates, be signed and dated. **\*If there is no current lease or rental agreement, the attached Landlord/Property Owner Affidavit of Residency will need to be provided. This affidavit will need to be signed, dated, and notarized by the property owner\*.**
- For instances where the child and the parent/legal guardian are living with another family member (owner of residential property), the family member will also need to provide 2 proofs of residency at the residential address within the District.

### ACCEPTABLE SECONDARY PROOF OF RESIDENCE:

- Utility bill (for service at a residential address within the District being billed in the name of the parent/legal guardian.
- Utility Company letter to indicate service scheduled to begin within thirty (30) days at a residential address within the District being billed in the name of the parent/legal guardian.
- Insurance policy binder for homeowner or residential renter of any approved residential real property within the District in the name of the parent/legal guardian.
- Current automotive insurance or registration documentation.
- Social services award. Documents issued by federal, state or local agencies (local social service agency, federal office or refugee resettlement).
- Evidence of custody of the child, including but not limited to, judicial custody orders or guardianship papers.
- Federal or New York State Income Tax documentation with preprinted name and address such as a W-2 form. Documentation must be addressed in the name of the parent/legal guardian and addressed to a residential address within the District.

### **ADDITIONAL DOCUMENTS: PHYSICAL AND IMMUNIZATIONS**



**LACKAWANNA CITY SCHOOL DISTRICT**  
**STUDENT ENROLLMENT FORM**

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

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 permanent housing
- With another family or other person because of loss of housing as a result of economic hardship
- In a shelter, hotel/motel, car, train, bus, campsite, etc.
- Other temporary living situation (Please describe) \_\_\_\_\_

**HOUSEHOLD INFORMATION: (POST OFFICE BOX IS NOT AN ACCEPTABLE ADDRESS)**

Household Last Name: \_\_\_\_\_

Household Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**SIBLING INFORMATION:**

Names/Ages of Brothers and/or Sisters and School Attending (Include all full, half and step-siblings)

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____

**OFFICE USE ONLY**

<b><u>Entry Date:</u></b>	<b><u>Student ID:</u></b>
<b><u>School/Grade:</u></b>	<b><u>SED:</u></b>



**LACKAWANNA CITY SCHOOL DISTRICT**

**SCHOOL INFORMATION:**

**Indicate the school and grade applying for (Please Circle):**

Truman Elementary School	PK	K	1	
Martin Road Elementary	2	3	4	5
Lackawanna Middle School	6	7	8	
Lackawanna High School	9	10	11	12

**Other School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Name of non-public or charter**

Grade Last Attended: \_\_\_\_\_

Grades Repeated: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Has your child ever attended Lackawanna Schools before? Yes \_\_\_ No \_\_\_

Has your child been reviewed by a Committee on Special Education? Yes \_\_\_ No \_\_\_

If YES, has your child been receiving Special Education Services? Yes \_\_\_ No \_\_\_

Has your child been reviewed for a 504 Plan? Yes \_\_\_ No \_\_\_

**If YES, please provide most recent IEP (Individual Education Plan) or 504 Plan**

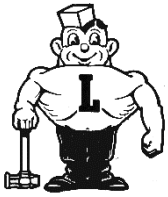
**Name(s) and Address(es) of all schools previously attended:**

_____	_____	_____	_____
School Name	Address	Dates Attended	Grade

_____	_____	_____	_____
School Name	Address	Dates Attended	Grade

**Has the child ever been suspended/expelled from any former school(s)?** Yes \_\_\_ No \_\_\_

If yes, indicate school(s), date(s) and reason(s): \_\_\_\_\_



## LACKAWANNA CITY SCHOOL DISTRICT

### PARENT/GUARDIAN INFORMATION:

**PARENT/GUARDIAN 1: (Parent/Guardian (1) must reside at the same address as student)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Custody: Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Email \_\_\_\_\_

**PARENT/GUARDIAN 2: (Give address and home phone only if different from student)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Custody: Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Email \_\_\_\_\_

**Student is living with (Circle One):**

Both Parents   Mother Only   Father Only   An Agency   Alone   Guardian(s)   Foster Parent (DSS-2999 Required)

Other (Please explain): \_\_\_\_\_



**LACKAWANNA CITY SCHOOL DISTRICT**  
**CUSTODIAL INFORMATION:**

Name of Custodial Parent(s): \_\_\_\_\_

Are the parents divorced or separated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have Joint Custody? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide court document(s)/legal affidavit(s).

**COURT DOCUMENT(S)/LEGAL AFFIDAVIT(S) DESIGNATING CUSTODIAL PARENT ARE REQUIRED AS APPROPRIATE. IF THERE IS AN ORDER OF PROTECTION, WE MUST SEE THE DOCUMENTATION.**

**EMERGENCY CONTACT INFORMATION: (Other than Parent/Guardian)**

**EMERGENCY CONTACT 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship to Child:  
\_\_\_\_\_

**EMERGENCY CONTACT 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_



# Lackawanna City School District

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## AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Previous School: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_ Previous School Fax: \_\_\_\_\_

The above student has enrolled in the Lackawanna City School District. Send the following records to the school indicated below:

- \*Report cards and/or withdrawal grades
- \*Transcripts
- \*Medical and Health Screening Reports

- \*Disciplinary and suspension information
- \*State Assessment Results
- \*Attendance

### School Receiving Records:

\_\_\_\_\_ Truman Elementary School (Pre K, K, 1)  
15 Inner Drive, Lackawanna, NY 14218  
716-821-5624 (fax)

\_\_\_\_\_ Martin Road Elementary School (2, 3, 4, 5)  
135 Martin Road, Lackawanna, NY 14218  
716-821-5623 (fax)

\_\_\_\_\_ Lackawanna Middle School (6, 7, 8)  
550 Martin Road, Lackawanna, NY 14218  
716-821-5628 (fax)

\_\_\_\_\_ Lackawanna High School (9, 10, 11, 12)  
550 Martin Road, Lackawanna, NY 14218  
716-821-5628 (fax)

### Send the following additional educational records to:

Special Education Office  
245 South Shore Boulevard  
Lackawanna, NY 14218  
716-821-5627 (fax)

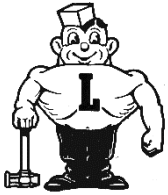
- \*Individualized Education Program (IEP)
- \*Documentation of Disability

- \*504 Plan
- \*Any other pertinent records

The undersigned authorizes the release of all records concerning the student indicated above to the Lackawanna City School District.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**LACKAWANNA CITY SCHOOL DISTRICT**  
**LANDLORD/PROPERTY OWNER AFFIDAVIT OF RESIDENCY**

**\*LANDLORD/PROPERTY OWNER PLEASE READ CAREFULLY\***

**The individual noted below is renting an apartment from (or residing with) me. I am aware that false statement(s) or the use of false documentation may result in legal action against me prosecutable to the fullest extent of the law. The Lackawanna City School District may also file claims against me to recover the amount of costs associated with the falsification of this statement which may include but is not limited to legal costs, tuition, investigative and other residency costs associated with this residency determination.**

\_\_\_\_\_ , will rent from me or will reside with me  
(Renter's Name) (Please Circle)

at \_\_\_\_\_ , in Lackawanna, New York, 14218, for the time  
(Lackawanna City School District Address)

period for the time period beginning \_\_\_\_\_ through \_\_\_\_\_ .

\*Additionally, it is known to me that the following individuals are also residing with the above-named renter\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please Print) Landlord/Property Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Landlord/Property Owner: False statements made herein are punishable as a Class 'A' Misdemeanor pursuant to section 210.45 of the New York State Penal Law\***

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
Notary Public, State of New York (Please Affix Stamp or Seal)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Term Expires





# Lackawanna City School District

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**“DO NOT SIGN UNTIL AUTHORIZED PERSONAL IS PRESENT”**

**I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION IN THIS REGISTRATION PACKET, AND I ATTEST THE DOCUMENTS THAT I HAVE PRESENTED AS EVIDENCE OF RESIDENCY ARE TRUE AND ACCURATE. I AM AWARE THAT FALSE STATEMENTS OR USE OF FALSE DOCUMENTS WILL RESULT IN THE EXCLUSION OF THIS STUDENT FROM ATTENDING SCHOOL WITHIN THE LACKAWANNA CITY SCHOOL DISTRICT.**

**THE FALSIFICATION OF STATEMENTS/DOCUMENTS MAY ALSO RESULT IN LEGAL ACTION AGAINST YOU TO THE FULLEST EXTENT OF THE LAW. IN ADDITION, THE DISTRICT RESERVES ITS RIGHTS TO RECOVER FROM PARENTS, LEGAL GUARDIANS AND OTHER RESPONSIBLE PARTIES THE ENTIRE ACTUAL COST OF EDUCATING A STUDENT FOR THE PERIOD THAT ANY NON-RESIDENT STUDENT IS ENROLLED IN THE DISTRICT SCHOOLS WITHOUT AUTHORIZATION AND/OR UNDER FALSE PRETENSES. ALSO, THE DISTRICT MAY FILE CLAIMS TO RECOVER THE COSTS ASSOCIATED WITH LEGAL, INVESTIGATIVE AND ALL OTHER RESIDENCY EXPENSES ASSOCIATED WITH ANY NON-RESIDENCY DETERMINATION.**

**I ALSO GIVE PERMISSION TO THE LACKAWANNA CITY SCHOOL DISTRICT TO VERIFY ALL INFORMATION PROVIDED IN THE REGISTRATION PACKET INCLUDING BUT NOT LIMITED TO CONTACTING UTILITY COMPANIES, LANDLORD OR PROPERTY OWNER, EMPLOYMENT, ETC. FOR VERIFICATION OF RESIDENCY.**

**NOTE: Form must be signed by parent /guardian in front of a Lackawanna City School District Employee.**

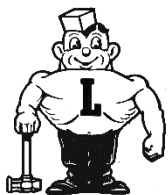
AGREED TO AND ACCEPTED:

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Authorized School Employee Signature: \_\_\_\_\_



## **LACKAWANNA CITY SCHOOL DISTRICT**

### **STUDENT RACIAL AND ETHNIC IDENTIFICATION**

To the Parent/Guardian: The Lackawanna City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Lackawanna City 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.
- 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 Lackawanna City 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 the 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.

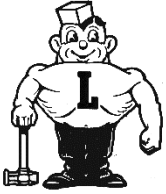
### **CONFIDENTIALITY PROCEDURES AND REGULATIONS**

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 Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the following page



## LACKAWANNA CITY SCHOOL DISTRICT

### IMMIGRANT INTAKE SURVEY

**The New York State Education Department requires the reporting of immigrants attending school in the Lackawanna City School District. The answers to the questions below have NO impact on educational services in the district. Please answer the questions below to determine if your child is considered an immigrant by the State Education Department (check the boxes below).**

Yes	No	Question
		Was your child born in one of the 50 states, Puerto Rico or the District of Columbia?
		Has your child attended a U.S. school for three or more years (up to today's date)?

If you answered "YES" to either, your child is NOT considered any immigrant and this survey is complete.

If you answered "NO" to both questions, your child is considered an immigrant. Answering the three questions below is required for data entry and submission to New York State.

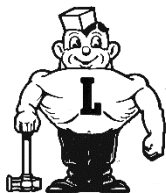
1. What is the date of entry (month/year) into the United States for the child? (i.e., when did the student immigrate to the United States?)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

2. What was the first date of entry (month/year) into a school in the United States? This attendance could have occurred in any district in the United States, Puerto Rico or District of Columbia.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

If you answered the three questions above, immigrant status with the NYS Education Department will change AFTER completion of the third year of school in the United States.



**LACKAWANNA CITY SCHOOL DISTRICT**  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

**All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.**

Name of School:
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School Identification Number:	Date of Birth (Month/Day/Year):
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.**

<p>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, regardless of race.</p> <p><input type="checkbox"/> YES, Hispanic</p> <p><input type="checkbox"/> No, not Hispanic</p>
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<p>1. 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):</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal affiliation or community</p> <p><input type="checkbox"/> 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 and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>
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\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Relationship to Student (Please check only one box below):**

\_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Guardian      Other (Specify): \_\_\_\_\_