



Lyons Central School District
10 Clyde Rd.
Lyons, NY 14489
Phone: (315) 946-2200
Fax: (315) 946-2221
www.lyonscsd.org

Dear Parent/Guardian:

Thank you for your interest in the Lyons Central School District. In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

Proof of Residency:

Please submit evidence establishing you and your child's physical presence in the school district. Such evidence may include:

1. A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage payment.
2. A statement by a third-party landlord, owner, or tenant from whom the parent(s) or guardian(s) leases or with whom they share property within the district, which may be either sworn or unsworn.
3. Such other statement by a third party establishing the parent(s) or guardian(s) physical presence in the district; and/or
4. Other forms of documentation which may include, but will not be limited to:
 - ☐ Pay stub
 - ☐ Income tax form
 - ☐ Utility or other bills
 - ☐ Membership documents (i.e. – library card) based on residency
 - ☐ Voter registration document(s)
 - ☐ Official driver's license, learner's permit, or non-driver identification
 - ☐ State or other government issued identification
 - ☐ Documents issued by federal, state, or local agencies (i.e. – local social services agency, federal Office of Refugee Resettlement); or
 - ☐ Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

The District may also require the parent(s) and/or guardian(s) to provide an affidavit either:

1. Indicating that they are the parent(s) with whom the child lawfully resides; or
2. Indicating that they are the guardian(s) 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 had been placed by a federal agency.

Proof of Age:

The District will require documentation and/or information establishing your child's age. Please supply a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where such documentation is not available, a passport (including foreign passport) may be used.

Where birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. Other evidence may include, but will not be limited to the following:

- ☐ Official driver's license
- ☐ State or other government issued identification
- ☐ School photo identification with date of birth
- ☐ Consulate identification card
- ☐ Hospital or health records
- ☐ Military dependent identification card
- ☐ Documents issued by federal, state, or local agencies (i.e. – local social service agency, federal Office of Refugee Resettlement)
- ☐ Court orders or other court-issued documents
- ☐ Native American tribal document; or
- ☐ Records from non-profit international aid agencies and voluntary agencies

Evidence of Immunization & Physical:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any recent physical examination your child has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

If you have any questions with respect to the foregoing or regarding the enclosed registration packet, please contact:

Mrs. Jerri Martin
District Registrar
10 Clyde Rd.
Lyons, NY 14489
(315)946-2200 ext. 2202
jmartin@lyonscsd.org

Thank you and welcome to the Lyons Central School District



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Student Registration Form

STUDENT INFORMATION

Name: _____
First Middle Last

Nickname (if applicable): _____

Home Address: _____

Mailing Address: _____
(if different from home address)

Home Phone: (____) _____

Birth Date: _____ Gender: ☐ Male ☐ Female ☐ Gender Diverse

CUSTODY

Who does the child live with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Are there any custodial restrictions or an order or protection? Please explain and provide copies of any applicable court orders or arrangements:

SIBLINGS (living in the home)

Name: _____
D.O.B.: _____
Gender: ☐ Male ☐ Female ☐ Gender Diverse

Name: _____
D.O.B.: _____
Gender: ☐ Male ☐ Female ☐ Gender Diverse

Name: _____
D.O.B.: _____
Gender: ☐ Male ☐ Female ☐ Gender Diverse

Name: _____
D.O.B.: _____
Gender: ☐ Male ☐ Female ☐ Gender Diverse

*Such information shall not be used for enrollment determination purposes

PRIMARY PARENT/GUARDIAN INFORMATION

☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Guardian

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Employer: _____

Email: _____

☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Guardian

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Employer: _____

Email: _____

OTHER PARENT/GUARDIAN INFORMATION

☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Guardian

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Employer: _____

Email: _____

☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather ☐ Guardian

Name: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Employer: _____

Email: _____

EMERGENCY CONTACTS (beyond parent/guardian)

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

EMERGENCY CONTACTS CONTINUED....

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Diverse

Relationship to Child: _____

Address: _____

Home Phone: (_____)_____ Work Phone : (_____)_____

Cell Phone: (_____)_____

Email: _____

☐ **Authorized to pick up child from school, if the child is ill or there is a school emergency**

SCHOOL RECORDS

Name of School Last Attended: _____ District: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Current Grade: _____ Has student ever attended Lyons Central School District? ☐ YES ☐ NO

If yes, what was the last year of enrollment: _____

SPECIAL EDUCATION SERVICES

Has your child ever been identified as having an educational disability? ☐ Yes ☐ No

If Yes, please describe: _____

Check which applies: ☐ Student has a current Individualized Education Plan (IEP)

☐ Student has a 504 Accommodation Plan

Please describe any Special Education Services your child received (i.e. – speech, occupational therapy, physical therapy, resource, special class, remedial instruction): _____

Has your child received any other services (i.e. – gifted/talented and/or English Second Language)?

☐ Yes ☐ No If Yes, describe: _____

SIGNATURE

Verification by Subscription and Notice Under Penal Law Section 210.45

It is a crime punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Affirmed under penalty of perjury this _____ day of _____ 20____

Signature: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION STUDENT INFORMATION

NAME _____
FIRST MIDDLE LAST

D.O.B. _____ GRADE LAST ATTENDED _____

PREVIOUS SCHOOL NAME _____

PREVIOUS SCHOOL ADDRESS _____

CITY STATE ZIP CODE

PREVIOUS SCHOOL PHONE/FAX _____
PHONE FAX

Permission is hereby given to the Lyons Central School District to receive information/student records regarding the above-mentioned student.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE FORWARD THE FOLLOWING INFORMATION:

REPORT CARDS	TRANSCRIPT	ATTENDANCE RECORDS
DISCIPLINE RECORDS	ACHIEVEMENT TEST SCORES	HEALTH RECORDS
BIRTH CERTIFICATE	CUSTODY DOCUMENTS	SP. EDUCATION RECORDS

Lyons Central School District
Registrar Office
10 Clyde Road
Lyons, NY 14489
315-946-2200 ext. 2202
FAX: 315-946-2221
jmartin@lyonscsd.org

Lyons Central School District
Special Programs
98 Williams Street
Lyons, NY 14489
315-946-2240 ext. 2011
FAX: 315-946-2254
jsherry@lyonscsd.org



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ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of School: Lyons Central School District

Name of Student: _____

Address: _____

Date of Birth: _____

Grade Level: _____

The answer you give below will help the district determine what services you and 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 do not have the documents normally needed, such as proof of residency, school records, immunization record, and/or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled up”)
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe _____)
- ☐ In permanent housing

Print Name of Parent/Guardian or Student if 18 or older

Signature of Parent/Guardian or Student if 18 or older

Date



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Important Message to Parents/Guardians – Confidentiality Procedures and Regulations

To the Parent/Guardian:

In accordance with new standards developed by the United States Department of Education, Lyons Central School District will be collecting and recording ethnic identification of our students.

The information collected will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure 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 next page. Put a check for the category or categories which best describe your child. The Lyons 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 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 Parent/Guardian: This information which you have provided on this form is confidential and shall not be used for enrollment determination purposes. 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.



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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.

Student Name:		
Date of Birth:	Grade Level:	School Building:

Directions to Parent/Guardian:

Please answer questions 1 and 2. Please read them before you respond. For question 1 check the one that best describes your child. Check only on 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>
<p>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.</p> <p><input type="checkbox"/> American Indian or Alaska 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 attachment.</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 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 Island.</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 America, or Middle East.</p>

Signature of Parent/Guardian

Date

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For Office Use Only:

Student ID: _____

Grade: _____

Transportation Application

Student Name: _____

Date of Birth: _____

Parent/Guardian:

Child Care Provider:

Name

Name

Street Address

Street Address

City State Zip

City State Zip

Home Phone

Phone

Work Phone

ALL SPACES MUST BE FILLED IN OR APPLICATION WILL BE RETURNED

Place a ✓ in the appropriate boxes

Morning Pick Up

Afternoon Drop Off

	Home	Child Care	No Transport		Home	Child Care	No Transport
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

Completing a new form which can be obtained in the main office of each school or the district website, must provide any changes to the above information. The new form should be returned to the school and will be forwarded to the Transportation Department. Please allow 5 days for the change to be processed and accommodated.

I hereby authorize the Lyons Central School District to Transport my child to and from the locations listed above

Signature

Date



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Dear Parent(s)/Guardian(s):

New York State law requires all students in grades Pre-Kindergarten, Kindergarten, 2nd, 4th, 7th, and 10th have a physical examination and recommends that a complete dental examination be completed. Additionally, new entrants to the district, students wishing to participate in interscholastic sports, and students desiring work permits must have an annual examination. According to New York State Education Law, physicals must be completed within one year from when the student enters school in September. This means that all physicals will need to be completed after September 1st of the previous school year in order to be used for the current school year. For athletes, physicals must be completed within one year of the start of the season.

We encourage you to use your personal health care provider for all required health exams as they are most familiar with the medical history of your child and are to provide treatment and continuity of care. **A form for your health care provider has been included with this letter. Please return this completed form to the school health office by the last day of September of the current school year.** If you need help finding a private physician or require financial assistance, please contact the school nurse who can provide you with contacts for insurance coverage.

Please note, it may take up to six weeks to schedule exams during the busy summer and fall months, so please plan ahead. If you have any questions or need assistance fulfilling these obligations, please feel free to contact the school nurse.

Alecia Young
Lyons Elementary School
(315) 946-2200 ext. 3504
ayoung@lyonscsd.org

Jessica Buisch
Lyons Middle/High School
(315) 946-2200 ext. 2504
jbuisch@lyonscsd.org



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Health Form

Student Information

Name: _____		
First	Middle	Last
Address: _____		
Date of Birth: _____		Grade Entering: _____
Student's Physician: _____		Phone: _____
Student's Dentist: _____		Phone: _____

Health History

Please Indicate if your child has any of the following health conditions			
<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Allergies	<input type="checkbox"/> Injuries	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Eye Defect	<input type="checkbox"/> Type 1 Diabetes
<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> Muscular/Skeletal
<input type="checkbox"/> Lung Condition	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Single Organ	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Neurological Disorder	<input type="checkbox"/> Kidney Defect	<input type="checkbox"/> Blood Immune Condition	
<input type="checkbox"/> Operation/Hospitalization	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Other: _____	

Explain any health conditions: _____

Is student currently taking any medications? If yes, please list: _____

Is the student currently covered by Health Insurance? ☐ Yes ☐ No If No, we could put you in contact with a health insurance navigator who can help you apply for medical insurance. Are you interested? ☐ Yes ☐ No

I give permission to the Lyons Central School District to release or obtain health information to or from my child's physician _____ and any other attending medical personnel including the child's dentist _____. The information may include immunizations status, physical exams, and progress notes. It will not include protected information such as HIV status and mental health treatment records. These will require a separate release form. I also give permission to the school nurse to share any pertinent medical information with my child's teacher(s) on a need-to-know basis.

Parent Signature

Date



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10 Clyde Rd.
Lyons, NY 14489
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Fax: (315) 946-2221
www.lyonscsd.org

Cafeteria Information

Dear Parent(s) and/or Guardian(s):

The Lyons Central School District is a CEP (Community Eligibility Provision) district. This means that breakfast and lunch will be free of charge to all students.

Your student may purchase extra meals and snacks. Purchases can be made with cash or by using money from their MySchoolBucks account. Parents and guardians can deposit money into their student's account online or by sending cash or check written to **Lyons School Cafeteria**.

If you prefer that your student does not purchase snacks or extra meals, please contact the school with your request at the phone number below.

If a student owes money to the cafeteria, the student will not be allowed to purchase snacks or extra food items until the charges are paid in full.

If you have any questions or concerns, please contact me at any time.

Thank you,

Jen Tyler
Food Service Manager
(315) 946-2200 ext. 3346
jtyler@lyonscsd.org



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Lyons Athletics is offering the convenience of online registration through FamilyID (www.familyid.com).

FamilyID is a secure registration platform that provides you with easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. Parents/Guardians must register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only **once** for each family member for multiple uses and multiple programs.

All athletes must register for sports by their parents or guardian online through FamilyID.

Before you register:

A physical exam is valid for one year from the date of the last physical exam. If the internet is not available, it is always available at the school district free of charge.

Registration opens on the dates below:

- JV Girls Soccer, JV and Varsity Volleyball, Varsity Girls Tennis, Varsity Cross Country, Varsity Cheerleading, Modified Football – July 25th
- Modified Tennis, Volleyball, Soccer, Cross County – August 1st
- Modified Boys Basketball and Modified Indoor Track – September 24th
- Varsity/JV Boys Basketball, Varsity/JV Girls Basketball, Varsity Wrestling, Boys Bowling, Girls Bowling, Varsity Cheerleading, Boys and Girls Indoor Track and Field, Varsity and Modified Swimming and Diving at Newark – October 14th
- Modified Girls Basketball, Modified Wrestling – December 3rd

Registration Process for Returning Families (those who registered last year):

You may use the information you submitted in previous seasons to save time for future registrations. Please use the following steps:

1. Click on the Current Season registration form on your school's FamilyID.
 - A parent or guardian must register students by going to the following webpage:
 - <http://www.familyid.com/lyons-csd-athletics>
 - You may also access this by going to lyonscsd.org and clicking on "Athletics". You may then click on the "My FAMILY ID" tab.
2. Login using the email address and password you created last season.
3. Choose the sport.



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4. Click on "Add Participant Below or Click to Select" and pick your child's name.
5. Update health and demographic information, if necessary.
6. Sign-off on seasonal agreements.
7. Save and Submit

New Families (those who have not registered before)

A parent or guardian may register by going to the following webpage:

- <http://www.familyid.com/lyons-csd-athletics>
- You may also access this by going to www.lyonscsd.org and clicking on "Athletics". You may then click on the "My FamilyID" Tab.

Follow These Steps

1. To find your program, click on the link provided by the Organization above and select the registration form under the word **Programs**.
2. Next click on the green **Register Now** button and scroll, if necessary, to the **Create Account/Log In** green buttons. If this is your first time using FamilyID, click **Create Account**. Click **Log In**, if you already have a FamilyID account.
3. Create your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. **Select** I Agree to the FamilyID Terms of Service. Click **Create Account**.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your email filters (spam, junk, etc.).)
5. Click on the link in your activation email, which will log you into FamilyID.com
6. Once in the registration form, complete the information requested. All fields with a **red*** are required to have an answer.
7. Click the **Save & Continue** button when your form is complete.
8. **Review** your registration summary.
9. Click the green **Submit** button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

Support/Issues:

Email: support@arbitersports.com or call 1-800-311-4060

Sincerely,

Zac Young
Athletic Director



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:
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse
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:

Lyons CSD

District Name (Number) & School:

10 Clyde Rd. Lyons, NY 14489

Address:

**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

☐ ☐ ☐ *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:



Lyons Central School District
10 Clyde Rd.
Lyons, NY 14489
Phone: (315) 946-2200
Fax: (315) 946-2221
www.lyonscsd.org

Athletic Form

To be completed for students in grades 7-12 who are interested in sports

Current Information

Student Name: _____ Age: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Date of Move: _____ Grade Level: _____

Previous School Attended: _____

Athletic Participation Record

Grade	Sport(s) and Level(s)	School
7 th		
8 th		
9 th		
10 th		
11 th		
12 th		

Expected Year of Graduation _____

Signature of Parent/Guardian

Date