Lancaster Central School District

149 Central Avenue
Lancaster, NY 14086
Phone: 716 686-3218
Fax: 716 686-3219
mclark@lancasterschools.org

Michelle Clark
District Registrar

Documents needed to register to home school in the District…

2 proof of residency – examples - *homeowner - deed, homeowner's insurance, mortgage statement, tax bill, utility bill*
for renting - lease agreement, utility bill

Proof of age – ex. Certified birth certificate, baptismal certificate

Completed registration form

Completed letter of intent to home school

Please call 686-3218 to make a registration appointment

During Covid-19 restrictions, we are accepting registration packets via

1. scan to email and send to registration@lancasterschools.org

2. US Mail or drop off packet to: Lancaster CSD Registration Office
149 Central Avenue
Lancaster, NY 14086

dm, 2/2021

NOTICE OF INTENTION FOR HOME INSTRUCTION

School Year _____

(Please complete for each child to be home schooled)

Today's Date: _____

Child's Name: _____

Grade:____ Age: _____ Date of Birth: _____

Name and Address of Parents/Guardians:

_____

_____

Home Telephone: _____ Other Contact Phone: _____

Name and Address of Person Providing Instruction (if applicable):

_____

_____

Period of intended home instruction: Begin:_____ End:_____

Signature: _____ Date: _____

Please Return by July 1st to:

Homeschooling Department
Lancaster Central School District
149 Central Avenue
Lancaster, NY 14086
homeinstruction@lancasterschools.org

Please note:

If a student returns to in-person learning, or attends in person for the first time, the full registration process will be required at that time. This includes submission of two proofs of residency, proof of age, and all other required state forms and documentation.

Please note that you must remain in compliance with NYCRR 100.10; otherwise, grade placement may be affected.

LANCASTER CSD HOME/PVT SCHOOL STUDENT REGISTRATION FORM

*(Please **print** in ink and complete all areas)*

NOTICE

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the Districts schools with authorization and/or under false pretenses. The cost of educating a student for the school year ranges from approximately $9,500 elementary to $10,000 secondary.

I HAVE READ AND UNDERSTAND THIS NOTICE. _____
Signature

FOR OFFICE USE ONLY:

ID:	***SCH:***	***GR:***	***START:***

STUDENT INFORMATION

Student's Last name:_____**First Name**:_____**Middle:** _____

Street Address:_____

City:_____**State:**_____**Zip Code:** _____ **Home Phone**: ( ) _____

Gender:_____Male_____Female Date of Birth:_____
mm/dd/yyyy

Military Connected Youth: ___Yes ___ No (Parent on Active Duty**,** Member of National Guard/Reserves, or a Veteran of US Military)

RESIDENCE INFORMATION

Proof of Residency:

_____Property Tax Bill _____House Deed ____ Utility Bill _____ Lease/Rental Agreement _____Mortgage Statement

_____Homeowner/Renter Insurance

PARENT/GUARDIAN # 1 **(Note: *Parent/Guardian #1 must reside at the same address as that indicated for the student.*)**

Name: _____ Address:_____
Relationship to student: _____Phone:_____
Email Address:_____

PARENT/GUARDIAN # 2

Name: _____ Address: _____
Relationship to student: _____Phone:_____
Email Address:_____

CERTIFICATION AND AUTHORIZATION

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1 within the Lancaster School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form.

Parent/Guardian Signature:_____ *Date:*_____