



**New Student Registration Form**

**New Lebanon JRSR High School**  
**14665 Route 22, New Lebanon, NY 12125**  
**Phone: (518) 794-7600**  
**Fax: (518) 794-5050**

**Walter B. Howard Elementary School**  
**1478 Route 20, New Lebanon, NY 12125**  
**Phone: (518) 794-8554**  
**Fax: (518) 766-2220**

Date of Entrance \_\_\_\_\_

Grade \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence/Physical Address:

Mailing Address (if different from Physical Address)

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

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

What county do you reside in:  Columbia  Rensselaer  Other \_\_\_\_\_

Home Telephone \_\_\_\_\_ Custody Concern:  Yes  No

Previous School Attended \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

At the previous school did your child:

Receive Special Services \_\_\_\_\_ Have an Individual Education Plan (IEP) \_\_\_\_\_





Student Residency Questionnaire

New Lebanon Jr/Sr High School
14665 Route 22, New Lebanon, NY 12125
Phone: (518) 794-7600
Fax: (518) 766-6265

Walter B. Howard Elementary School
1478 Route 20, New Lebanon, NY 12125
Phone: (518) 794-8554
Fax: (518) 766-2220

Name of Student Last First Middle Sex: Male Female

Birth Date / / Age:

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (check one)

- In a motel/hotel
In a shelter
With another family or other person
Moving from place to place
In an abandoned apartment/building
In a place not designed for ordinary sleeping accommodations such as a car, bus, train, park or campsite
Other temporary living situation (please describe)

Name of Parent(s)/Legal Guardian(s)

Address

Phone

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d)

Signature of Parent/Legal Guardian Date

Send a copy to Matt Klafehn



14665 Route 22  
New Lebanon, NY 12125

AUTHORIZATION FOR RELEASE OF RECORDS

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

Name and address of school last attended:

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Phone and/or Fax: \_\_\_\_\_

The above student has enrolled in our school district. Please scan or fax all school records including grades up to the time of transferring, any test results, health records, psychological records, academic records, attendance records, disciplinary records, 504 plan or IEP (if any) and any additional information that would be helpful in placing this student. Thank you for your assistance. **Please note: If you plan on mailing records, please scan or fax pertinent information (i.e.: health records, transcript) prior to mailing.**

**SEND RECORDS TO:**

New Lebanon Jr/Sr High School  
14665 Route 22  
New Lebanon, NY 12125  
Attn: Sarah Roblez, Registrar  
Phone: (518) 794-7600, option 2  
Fax: (518) 766-6265  
[sroblez@newlebanoncsd.org](mailto:sroblez@newlebanoncsd.org)

Walter B. Howard Elementary School  
1478 Route 20  
New Lebanon, NY 12125  
Attn: Lisa Kreutziger, Registrar  
Phone: (518) 794-7600, option 1  
Fax: (518) 766-2220  
[lkreutziger@newlebanoncsd.org](mailto:lkreutziger@newlebanoncsd.org)

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

\_\_\_\_\_  
Date

## Dental Health Certificate

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

### Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date:     /     /	Sex: Male	Will this be your child's first visit to a dentist?     Yes     No		
Month     Day     Year	Female			
School: Name				Grade
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?				Yes     No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2. To be completed by the Dentist

**I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:**

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)	Dentist's Signature

**Optional Sections - If you agree to release this information to your child's school, please initial here.**

**II. Oral Health Status (check all that apply).**

Yes     No     **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes     No     **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes     No     **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

**III. Treatment Needs (check all that apply)**

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

**May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.**

**Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.**



**STUDENT EMERGENCY INFORMATION SHEET**

Dear Parent/Guardian:

Please read and complete both sides of this form completely and return it to the main office as soon as possible. You will only need to complete one form per household. **If at anytime your information changes (i.e. emergency contact person, telephone numbers, address) contact the main office immediately.** This information is extremely important! Thank you.

Student's Name:	Grade:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Mailing Address: \_\_\_\_\_  
If different from Mailing Address  
Physical Address: \_\_\_\_\_

**Parent/Guardian**

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

**Emergency Contact who will assume temporary care of child/ren if you cannot be reached.**  
**You may also attach an additional list of people who can pick-up your child(ren) from school.**

1.) Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

2.) Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

3.) Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

4.) Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

### **Physician Information**

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child.

Physician's Name \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **NOTICE TO PARENTS**

### **SPECIAL EDUCATION SERVICES**

If you suspect that your child may have a physical, cognitive, or emotional disability, you have the right to refer your child to the District's Committee on Special Education for an evaluation, and a determination as to whether your child is eligible to receive special education services and programs. More information regarding your rights is set forth in the New York State Education Department's *Parent's Guide to Special Education in New York State for Children Ages 3-21*, available at <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

To refer your child to the Committee on Special Education, or to obtain more information regarding the District's special education services and programs, please contact:

Jennifer Morris  
CSE/CPSE Chairperson  
New Lebanon CSD  
1478 Route 20  
West Lebanon, NY 12195  
518-794-8554 option1/option 4  
[jmorris@newlebanoncsd.org](mailto:jmorris@newlebanoncsd.org)

Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

**2022-2023 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **518-794-7600, School Nurse**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **New Lebanon Central School**  
**14665 Route 22**  
**New Lebanon, N.Y. 12125**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (Check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official

Date Notice Sent:



## FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/TANF/FDPIR case number:** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

**Foster Child:** A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

**Household:** A group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members:** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent:** A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

**Current Gross Income:** Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

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

Telephone Number: \_\_\_\_\_



**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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

<b>Language Background</b> (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 _____ 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:**

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
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? \_\_\_\_\_

Month:    Day:    Year:

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

\_\_\_\_\_  
*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:



## Enrolled Student Information Form

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

**STUDENT ETHNICITY (Choose one):**

Hispanic/Latino

Not Hispanic/Latino

**STUDENT RACE (Choose one or more, regardless of Ethnicity):**

American Indian or Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

Black or African American

White

**LANGUAGE SPOKEN AT HOME:** \_\_\_\_\_

**IS THIS YOUR NATIVE LANGUAGE?**

YES \_\_\_ or NO \_\_\_

# **Frequently Asked Questions from New Students :**

*(This list is exclusively for students who plan to enroll in the JRSR High School)*

- 1. What time does the bell ring at the beginning and end of the day? How many minutes during each class period, and how many minutes in between classes do we get?**
  - a. We operate on a 9 set day. The morning bell rings at 7:28am and students are expected to be in class at 7:33am to begin the Mindful Minute. Each class is 41 minutes long with a 3 minute break in between classes.
  - b. Dismissal is at 2:10pm with the option of a late bus pickup at 3pm- provided you get a pass from a teacher beforehand. Students should **ONLY** be staying after school for help with classes or athletics. If a student is staying after school, they need to be with an adult so they are supervised at all times.
  
- 2. Am I allowed to carry a backpack in school?**
  - a. No. Students are not allowed to carry backpacks in school. If you have a purse, you are able to carry that with you. Students have the ability to go to their locker after every class period, so you can grab what you need for your next class at that time.
  
- 3. I am a highschool student that will be transferring from out of state. Will my credits transfer?**
  - a. Your new school counselor will work with your new principal to ensure your credits transfer in some capacity. Please keep in mind that we also need to follow New York State graduation requirements, so you may need to take classes off-grade level in order to catch up. Or, you may need to double up in certain subject areas (depending on what you have taken at your previous school). We will work with you as best as we can to ensure you graduate with your freshman cohort.
  
- 4. I am a highschool student that is transferring from another New York State school. Will my credits transfer?**
  - a. Yes. All of your New York State credits will transfer.
  
- 5. What are New York State graduation requirements?**
  - a. [New York State Diploma and Credential Requirements](#) (Updated July 2020)
    - i. [NYS Credit and Diploma Requirements Chart](#) (Updated July 2020)
  
- 6. How much is a lunch?**
  - a. Lunch is \$2.35, students who qualify for free or reduced lunch pay \$0. Milk is \$.55. You are always able to obtain a free/ reduced lunch application in the



cafeteria. Prepayment of meals is also available. If a student has a prepaid account, they may buy snacks off of that account with a note from their parents. You have the ability to charge if you do not have any money, but you cannot exceed \$20. When a student reaches that point they are offered a cheese sandwich w/ fruit, vegetable and milk, until their account is paid in full. Please check out our pay online option for paying for your child's lunch/breakfast: [www.myschoolbucks.com](http://www.myschoolbucks.com) .

**7. How do I know when my bus will pick me up?**

- a. Once you are officially registered, the Transportation Department will send you information on your pick up and drop off times before the start of the school year.

**8. Are there any Career and Technical Education opportunities?**

- a. Students going into 11th or 12th grade have the ability to enroll in a 2 or 1 year CTE program provided they go through the proper application process in the spring semester of 10th grade. Please see their website for more details on 2 and 1 year programs:  
<https://www.questar.org/education/career-and-technical-education/programs/career-tech/>

**9. What classes do I have to take?**

- a. Please see our [Course Catalog](#) for details on courses for students in grades 7 and 8, as well as classes we offer our high school students.

**10. I had an Individualized Education Plan (IEP) or a 504 Plan at my previous school. How can I access my services?**

- a. Once you begin the registration process and we receive your IEP, we will send that directly to our Special Education Office so it can be reviewed by our Special Education Chairperson. An initial meeting will be set up to go over available services the district would provide.
- b. If you have a 504 Plan, we would also set up an initial meeting to go over available services once that document is received.

**11. What is the cell phone policy?**

- a. Students have the ability to use their phones during study halls and lunches. Phones are NOT permitted in the classroom unless otherwise indicated from your teacher. **All phone use in the classroom is for educational purposes only.**

**12. How many students per classroom will there be?**

- a. New Lebanon students enjoy a 1 to 15 teacher to student ratio.

**13. What kind of sports do you have?**

- a. **Women's-** Soccer, Volleyball, Basketball, Wrestling, Swimming, Softball, Track and Field.
- b. **Men's-** Soccer, Volleyball, Basketball, Wrestling, Swimming, Baseball, Track and Field

**14. May I have access to your school profile?**

- a. [New Lebanon School Profile](#)

**15. Do you have a school portal so I can have access to my grades?**

- a. To create a student portal account- go to <https://esd-studentportal.neric.org/NewLebanonCSD> . Your username will be your student ID number. Your initial password will be welcome1.
- b. To create a parent portal account- to to <https://esd-parentportal.neric.org/Login.aspx?ReturnUrl=%2f> . Have student's ID number handy in order to input into system. Create your username and password, and then schedule a time to come to the Main Office to verify your account

**16. I'd like to stay after school to see a teacher for extra help, but I don't have any other way home besides a bus. What can I do so I can stay after?**

- a. We offer a late bus for all students who want academic help after school. Make arrangements with your teacher beforehand, and they will give you a pass for the late bus at 3:00pm. You will be dropped off at Walter B. Howard Elementary School to catch your regular bus.

**17. Do you have any dual- credit or AP classes?**

- a. Yes. We offer both. Please see school profile or our course catalog for a complete list. Both of which can be found on our School Counselor's website: [Mrs. Evans- School Counselor](#)