If you are enrolling a student into the LC School Corp for first time <u>AND</u> do not currently have another child <u>currently</u> in an LCSC School, then go to <u>www.lcsc.us</u> and then go midway down the main page to QUICK LINKS and click the ONLINE ENROLLMENT tab.





If you currently have a preschooler <u>enrolled in an</u> <u>LCSC School</u>, your process will be a little different.

Your student will be automatically "enrolled" for next school year. YOU WILL NOT NEED TO DO ONLINE ENROLLMENT. You will do Online Registration in late July ^(C)

IF your child will continue in preschool for another year, or will attend a non-LCSC school next year please contact your school office and let them know as soon as possible.





Account Request

This form is the first step to enrolling your new student online. Complete it to request an account that you will use to log in to a secure system.

KINDERGARTEN ENROLLMENT FOR THE 2021-22 SCHOOL YEAR. APPLICATIONS SUBMITTED PRIOR TO MARCH WILL NOT BE VIEWED/REVIEWED UNTIL MID-MARCH (please click HERE for KG Enrollment information). If the student you are enrolling is a Kindergarten student, please click the link below to print out the Physical Form for your physician to complete. Please return the completed form to your child's school by the first day of school. CLICK HERE TO PRINT OUT PHYSICAL FORM TO TAKE TO DOCTOR.

All grade level students must apply through this website. Please complete all fields below to request an account. You will then receive an email with information to then complete the application for enrollment. Please check spam folder if you do not receive email. If you have issues, please do not call the school office or Central Office, you must contact the Tech Dept for assistance. Please call 219-558-2794 or email us at skywardaccess@lcscmail.com.

Please click HERE for a list of documents you will be required to upload. Please make sure you have electronic copies (scans or photos taken with phone) to upload point to starting your application.

THIS APPLICATION IS ONLY FOR FAMILIES WISHING TO ENROLL A CHILD (GRADES KG-12 ONLY OR PRESCHOOLERS WHO HAVE BEEN PRE-APPROVED TO US SCHOOL CORP FOR THE FIRST TIME OR IF YOUR CHILD PREVIOUSLY ATTENDED AN LCSC SCHOOL BUT LEFT TO ATTEND ANOTHER SCHOOL.

THIS IS NOT BE USED BY EXISTING ACTIVE FAMILIES. IF YOU CURRENTLY HAVE A CHILD ENROLLED AND ARE USING SKYWARD AND NEED TO ADD A NEW STUDENT FROM THE SAME FAMILY. PLEASE USE THE ONLINE ENROLLMENT TAB IN YOUR EXISITING SKYWARD. FAMILY ACCESS.

To complete an application for enrollment of a student into our school system - because you recently moved to our district from a neighboring Indiana town, are moving into our district from out of state, or are wanting to enroll after being a student at a private school - you will need to first create an account. Even if you already have one student enrolled in our district, you must complete this first step. You must have legal residence in our School District to apply for enrollment.

	uardian of the student you want to enroll		
* Guardian Legal First Name: * Guardian Legal Last Name:			If the student you are enrolling is a Kindergarten student, please click the link to
Guardian Legal Middle Name:			print out the Physical Form for your physician
Guardian Legal Name Prefix: Guardian contact information	Guardian Legal Name Suffix:	82/-{	to complete. Please return the completed form to your child's school by the first day of
	skywardaccess@lcscmail.com		school.
* Re-type Email Address: * Ouardian Primary Phone Number:	skywardaccess@lcscmail.com		
Asterisk (*) denotes a required field Click here to submit Account Request			

Fill out all information to request an ENROLLMENT ACCOUNT and then Click to submit. IF it says you already have an account associated, it could be from a prior parent account for a student who no longer attends an LCSC school. In this case, please contact the Tech Dept at 219-558-2794



You will receive an email with your login (your email address) and a password to use to login to the Enrollment Portal. Please keep in mind this is <u>ONLY for the enrollment portal</u>, once your child is enrolled, this will no longer be valid and you will be sent a NEW Family Access login and password via email – you can expect this email around mid-July.

If you do not get email, please check spam folder. If you still do not get email, contact school office to have them verify the correct spelling/input of your email address.

Complete student Enrollment - only grades to 12 are allowed to apply for enrollment online 2 means



Skywardaccess@lcscmail.com to skywardaccess -

skywardaccess@lcscmail.com Dear Test Parent,

We have received your request for access to our system to enroll your child(ren).

This email confirms you have access to the application and gives you a password to access the application. Your child's application is not submitted until you complete the full application (see login below). Once you have completed the full application, you will see a message on the screen that says it was successfully submitted, you receive a confirmation email when the enrollment request has been approved.

u u

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*

12:29 PM (O minutes ago)

IF you do not see a message that your application has been submitted, please reach out to the school office OR the LCSC Tech Dept. Offices will not see your application unless it is submitted - there is an actual SUBMIT button

Applications for current year are processed first. Next year applications are processed as registrars have time and can be in queue longer in the summer months as staff have limited hours. If you haven't heard from the school within 1 week for current year enrollee, please contact the school office or Tech (skywardaccess@lcscmail.com) to confirm it was successfully submitted and in queue to be approved. NY applications and those received in summer, please allow longer time for processing.

You must now log into the system to complete all the steps necessary for enrollment for students in KG - 12th grade. Please click below for a list of documents required to complete application for enrollment. Please have these documents electronically (take photo with phone, scan and save as PDF, or a copy of an electronic file you have) ready to upload prior to starting the application.

Applications received without required documents will be denied and parents will have to completely start over and re-do application for enrollment.

https://lcsc.us/wp-content/uploads/2020/05/LCSC_Enrollment_Guidelines.pdf

Once you have your documents electronically ready to submit (will not be processed/accepted without required documents), click link below to complete the enrollment, please visit the login page:

https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedulakecentralin/sfemnu01.w

Your login is: <u>skywardaccess@lcscmail.com</u> Your password is: 93821

If you are looking to enroll a preschooler or a student into our TAP program, it is necessary for you to contact our Special Ed Dept PRIOR to filling out an enrollment application. These programs require screening prior to any application for enrollment. Anyone wishing to participate in preschool or TAP must call (219) 365-8507 to arrange screening, please do not complete application to enroll.

All other applicants, grades KG - 12, please read this email in its entirety.

558-2794 or email us at skywardaccess@lcscmail.com.

lectronic copies (scans or photos taken with phone) to upload prior to starting your application.





If you get an error message that says an account already exists, then one of two things: 1) you started this prior and already have an enrollment account or 2) you already have a Skyward FAMILY access account from a private school, preschool, or prior enrollment.

Please do not use a different email, but instead call the LCSC Tech Dept at 219-558-2794 and ask for your login information to be emailed to you. FOR PARENTS WHO DO NOT CURRENTLY HAVE A STUDENT IN AN LCSC SCHOOL OR WHO HAVE NOT CREATED AN ENROLLMENT ACCOUNT: Click link in the email with login/password to go to New to District Online Enrollment portal.

Or <u>CLICK HERE</u> to go to the Enrollment Portal. The login page should say New To District Online in Login Area.





Lake Central School Corporation Skyward Family/Educator Access



THIS INFORMATION ONLY FOR PARENTS WITH STUDENTS ALREADY IN AN LCSC SCHOOL:

If you have a current student enrolled in an LCSC School, then you would just login to your EXISTING Family Access account and click the NEW TO DISTRICT ONLINE ENROLL.

Only the parent listed in Family one and position one will have the ability to enroll a new student here. IF you are primary parent and do not see this link, please call the Tech Dept. at (219) 558-2794 to gain the access you need.

Once you click ENROLL A NEW STUDENT, then follow the remaining instructions in this tutorial.



Please be extremely careful when typing student name. Please type exactly how appears on Birth Certificate, including middle name. Please use appropriate case when entering – please do not use all lowercase or all uppercase anywhere in the Online Application.

Please double and triple check the DOB, spelling of name, phone number and email prior to moving on. Areas with a red * are required fields and you will not be able to move forward if not complete.

If student is of Hispanic origin, please click YES, if not, then please check NO. Then you must choose the most accurate Federal

Race as well.	25 23
	Application Form
	Save and Continue to Fill Out Application Save and go to Summary Page Print Application Leave WITHOUT Saving
	Instructions for completing the student application
	Answer the questions to progress through the application form. Click 'Save and Continue to Fill Out Application' to save your progress and stay on this screen. Click 'Save and go to Summary Page' to save your progress and return to the summary page. Click 'Leave WITHOUT Saving' to return to the summary page without saving.
	Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time
	Step 1: Student Information Edit View Only Save Save and Collapse Step
	* Last Name: * First Name: Middle Name: NAME
	Name Suffix: V Name Prefix: V Nickname: * Gender: V
	* Date of Birth: Age: 0 Birth Birth State:
	CHECK * Birth Country:
	* Second Phone: * Home Email: Social Security Number:
	* Is Student Hispanic/Latino?: O No, My Child is not Hispanic or Latino O Yes, My Child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central Am other Spanish culture or origin, regardless of race
	 * Federal Race: American Indian or Alaska Native - A person having origins in any of the original peoples of North and (select all that apply) America (including Central America) and who maintains tribal affiliation or community attachment Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the In subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, The Vietnam
	Black or African American - A person having origins in any of the black racial groups of Africa

	* Last Nar	ne: Test	* Fi	irst Name: Tester	Middle Name:
This information is regarding the	Name Suf	fix: 🔽 Name Prefix: (V Nickname:	* Gender: (~
STUDENT, not the person	* Date of Bi	rth: 06/11/2015 Age:	5 Birth City: Mi	unster	* Birth IN - INDIANA V
	* Birth Count	try: USA			
completing the application.	* Second Pho	ne: (219) 555-1234	* Home Email: sky	wardaccess@lcscmail.com	
	Social Security Numb	er: 000-12-3456			
Language most spoken by	* Is Student Hispanic/Latin	o?: ONo, My Child is not H			
		Spanish culture or origin	regardless of race		an, South or Central American, or other
STUDENT, Native Language of	* Federal Ra (select all that app	ce: American Indian or A	laska Native - A pers	son having origins in any of the origin ns tribal affiliation or community attac	nal peoples of North and South America
STUDENT.		Asian - A person hav	ing origins in any of	the original peoples of the Far East,	Southeast Asia, or the Indian subcontinent, lands, Thailand, and Vietnam
				Malaysia, Pakistan, the Philippine is ing origins in any of the black racial	
					he original peoples of Hawaii, Guam, Samoa,
Please select Current Year or			ing origins in any of	the original peoples of Europe, the N	Aiddle East, or North Africa
Next Year for when child will	* Language Spoken Mo	st: English	× Na	ative Language <mark>: English</mark>	×
start at LCCC Schools	* Does student have a parent in the militar			0. 0. 2019.0.	
start at LCSC Schools.	* Has student attended a state school			ct previously?: No 🗸	
	* Previous School Distr	ict: NA	* Previous Schoo	ol, City and State: NA	
What grade will student attend for the year you are enrolling?					
* What School Year are you enro	S Current School	ol Year (2020 - 2021)	Next School	Year (2021 - 2022)	
	* Expected E	Enrollment Date		First Day of School (08/11/2	
		(The first day of school	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Ilment Date 08/11/2021
* Expected Grade Level - PRESCHOOL MUST BE RECOMMEND	ED BY SE DEPT PRIOR TO SUBMITTING EN		* Expected School	to Enroll into Kolling Elem Schoo	I (KG-4)
* AUP (Acceptable Use Policy) - Student Network and Internet Ac	ceptable Use and Safety (refer to Policy Numl PO7540.0	ber (2): I allow ►			
Photo allowed LCSC Usage means child can b			's information to be	distributed for the purposes of NAME	E TO MILITARY usage: No 🗸 🕐
school newspaper, website, twitter, etc. The	/ are	# I authorize this student	's information to be (distributed for the purposes of NAME	
automatically included in yearbook or class p	icture	I authorize this student	's information to be	distributed for the purposes of PHOT	O ALLOWED LCSC usage: Yes 🗸 🕐
unless you contact school directly.	Additional Informati		's information to be (distributed for the purposes of PHOT	O ALLOWED MEDIA usage: Yes 🗸 🕐
	(on the Student for the Distr				
Photo allowed MEDIA means outside Newspa	aners	Maximum anaracters: 5000	Remaining characters	:: 5000	57 C
(example: The Times)	Complete Step 1 and move to Step 2: F	amily/Guardian Information	Complete Step 1	Only	

This information should be the student's primary residence in our district. Even in event of joint custody, the parent entered first in this area will be the parent allowed to register child, but any other parent listed will have same access/rights otherwise. Please the CELL PHONE NUMBER FOR THIS SPECIFIC PARENT (THE ONE WHO SHOULD BE CALLED FIRST IN EMERGENCY) AS WELL AS THAT PERSONS EMAIL ADDRESS, THEN WHEN YOU ADD A GUARDIAN, PUT THEIR SPECIFIC CELL NUMBER AND EMAIL BOTH PARENTS MUST HAVE A DIFFERENT EMAIL ADDRESS. CHECKING THE BOX OF SHOULD THE GUARDIAN BE CONSIDERED AN EMERGENCY CONTACT WILL ALSO ENSURE THEY CAN BE CONTACTED IN THE EVENT THE PARENT LISTED FIRST CANNOT BE REACHED.

* Primary Phone:	(219) 5	55-5555								
amily Home Language:	English		~							
	House #:	1234	Direction:	Street Name:	100th Ave	1	SUD:		✔ #:	
* Home Address:			Address 2:		City: St. John	1	State: 🗍		Zip Code:	46272
	* County:	Lako	V Nutress 2.		SL JOHN		nate. []	<u>v</u> • 2	Lip oode.	40373
		Lake								
Mailing Address: (if different than	House #:		Direction:	Street Name:	() (2)		SUD:	2	♥ #.	<u> </u>
home address)	P.O. Box:		Address 2:		City:	5	tate:	✓ Z	ip Code:	
Mama Suffix:	N/	amo Brofiv:	tt * Data of	* First Name: Tes		Middle Na	me:			
	Mother * Does this	guardian ha	* Marital Status: ve custody of the	Birth: 06/11/1965	Gender: Fe Social Security Number * Is this guardian allow	emale 🗸		ent from s	school?: (Yes 🗸
Relationship to Child: [Mother * Does this Should t	guardian hav	* Marital Status: ve custody of the	Birth: 06/11/1965 Divorced V e child?: Yes V	Gender: Fe Social Security Number * Is this guardian allow	emale Contract of the second	he stude			Yes 🗸
Relationship to Child: [Mother * Does this Should t (219) 55	guardian hav	* Marital Status: ve custody of the also be conside Work Phone:	Birth: 06/11/1965 Divorced V e child?: Yes V	* Gender: Fe Social Security Number * Is this guardian allov Contact?	emale Contract of the second	he stude			Yes V
* Relationship to Child: [Cell Phone: [Mother * Does this Should t (219) 55 English	yuardian har his guardian 5-1234	* Marital Status: ve custody of the also be conside Work Phone:	Birth: 06/11/1965 Divorced V e child?: Yes V red an Emergency	* Gender: Fe Social Security Number * Is this guardian allov Contact?	emale Contract of the second	he stude			Yes 🗸
* Relationship to Child: [Cell Phone: [* Language: [Mother * Does this Should t (219) 55 English	yuardian har his guardian 5-1234	* Marital Status: ve custody of the also be conside Work Phone:	Birth: 06/11/1965 Divorced V e child?: Yes V red an Emergency Occupation:	* Gender: Fe Social Security Number * Is this guardian allov Contact?	emale	he stude			Yes V

To add 2nd parent/legal guardian living at <u>same</u> address, click Yes, I want to add another legal guardian who lives at this address.

If you want to add another legal guardian at <u>different</u> address (in case of joint custody), then click No other legal guardians at this address and it will take you to another screen where you will enter them as the second family.

Please do not add uncles, aunts, etc in this area, they can be added later in the application as emergency contacts.



Step 3 MEDICAL/DENTAL INFORMATION should open automatically but if not, click the EDIT button. You can only EDIT areas that are not marked completed.

summary page. Click Leave with HOOT Saving to return to the summary page without saving.	
Asterisk (*) denotes a required field Please Note: Only one step may be edited at a time	
Step 1: Student Information Edit View Only	Tate Completed: 02/12/2021
Step 2: Family/Guardian Information Edit View Only	∛ Date Completed: 02/12/2021
Step 3: Medical/Dental Information Edit View Only	



Complete Step 3 Medical/Dental, then click Complete Step and move to Step 4: Emerg contact info

gy/Medical Condition:	Physician First Name:	Dhusisian Middle Name
Physician Last Name:		Physician Middle Name:
Name Suffix: V Name Pr Dentist Last Name:	refix: Physician Phone: Dentist First Name:	Dentist Middle Name:
	refix: V Dentist Phone:	
Hospital:	Hospital Phone:	
Insurance:	Insurance Phone:	
urance Policy Number:		



Parents can enter up to 4 Emergency Contacts. Please make sure to correctly spell contact name, double check phone number and email and please note any relationship comment if you choose OTHER as the relationship to child.

Click Yes, I want to add another Emergency Contact Record until you have finished entering those you want/have room for.

Then Click Complete Step 4 and move to Step 5.

Please make sure you have the required documents saved on your computer as they are required for Step 5. JPG or PDF are most common format we request.



Steps 1-4 must be complete and have a check box saying Date Completed before starting Step 5.

Have your documents ready – scanned PDF, JPG, etc. on your computer ready to upload on this step.

You will need copy of child's birth certificate and residency documents to upload.

You can also upload IEP/504 if they have one, any custody paperwork, prior report card, etc. Shot records are not necessary if you choose to agree to allow LCSC to download shot records from the CHIRP database.



IMPORTANT NOTE: UPLOAD OF STUDENT BIRTH CERTIFICATE, PARENT DRIVERS LICENSE, PROOF OF RESIDENCY (NIPSCO BILL, MORTGAGE PAPERS) MUST BE ATTACHED BEFORE SUBMITTING. PARENTS CAN TAKE PHOTO OF DOCUMENTS WITH PHONE AND UPLOAD AS ATTACHMENT. APPLICATIONS SUBMITTED WITHOUT THESE DOCUMENTS WILL BE DENIED AND PARENT WILL BE REQUIRED TO COMPLETE ENTIRE APPLICATION AGAIN.

LICK HERE FOR LIST OF REQUIRED DOCUMENTS/ACCEPTED DOCUMENTS

ing into the residence.

Choose File No file chosen 504: Academic Records: Choose File No file chosen Affidavit: Choose File No file chosen Choose File No file chosen Attachments: Birth Certif.jpg **Remove File** Birth Certificate: Custody Paperwork: Choose File No file chosen MED: Shot Records: Choose File No file chosen MED: Shot Records 2: Choose File No file chosen Report Card: Choose File No file chosen RES: 2nd Driv Lice: Choose File No file chosen RES: Bank Statement: Choose File No file chosen RES: Current Lease: Choose File No file chosen Nipsco bill.jpg **Remove File** RES: Gas/Elec Bill: RES: Mortgage 2: Choose File No file chosen RES: Cable Bill: Choose File No file chosen DRIVERS LICENSE.JPG **Remove File** RES: Drivers License: RES: Letter: Choose File | No file chosen RES: Mortgage: Choose File No file chosen STU: ILP: Choose File No file chosen STU: IEP: Choose File No file chosen Transcript: Choose File No file chosen

You must upload your child's birth certificate and proof of residency.

If you do not upload these documents, *your application cannot be processed* and you may need to complete entire application again.

Please refer to the Link on this page for a list of required/accepted documents. When done, click Complete Step 5 and Move to Step 6.

Complete Step 5 and move to Step 6: Additional District Forms Complete Step 5 Only

You must complete all Required Forms. Indicated by *

If you have additional forms to complete that apply to residency (moving, but not in house yet – Intent to Move) (Rental – have a lease that is dated for the future, not current) (Affidavit – living with a relative/significant other who lives in our district) you can do those as well.





After you have completed a form, please click SAVE in upper right hand corner. As confirmation you will a check box beside the form name and then you can move to next form.

SEF CHIRP PERIVISSION FORM -	U3.20.10.00.10 - Google Unrome	- U .
https://skyward.iscorp.	.com/scripts/wsisa.dll/WService=wsedulakecentralin/qqudfedit050.w?vViewModeOnly=false	\frown
	Name: Tester Test Gender: Male	Save Save and Print Back
	of Health and the Indiana Department of Education have mandated that all schools enter immunization and Hoosiers Immunization Registry Program) website.	
verify that your child has a	d immunization program of the Indiana State Department of Health. This information may be used to received proper immunizations. A consent form must be signed before immunizations are entered into e. The form is to be filled out only once upon enrollment in an LCSC School. Please complete form	
	CHIRP CONSENT FORM	
I hereby give 007	permission to release the following information concerning my child	
Tester Test	to the Indiana State Department of Health's Children and Hoosiers Immunization Registry	
Program (CHIRP).		
	The following infomation will be released:	
Name, Date of Birth, Rac	e, Address, City, State, Zip Code, County, Home Phone Number, and School they are presently attending and their immunization data.	
I understand that the inform	nation in the registry may be used to verify that my child has received proper immunizations and to inform	

https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedulakecentralin/qqudfedit050.w?vViewModeOnly=false

Name: Tester Test Gender: Male

Lake Central School Corporation HOME LANGUAGE SURVEY

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA-ACCESS placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Parents - please answer the following questions regarding the language spoken by the STUDENT:

Tester Test

06/11/2015

1. What was the first language spoken by the STUDENT?	
2. What language is spoken most often by the STUDENT?	
3. What language(s) is/are spoken by the STUDENT in the hom	<u>ie</u> ?

KG

By e-signing below, you certify that responses to the three questions above are specific to your STUDENT.

By e-signing below, you certify you understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English.

If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

Parent Electronic Signature:	Date:	

This is an extremely IMPORTANT form.

If ANY language is listed on <u>any of the three</u> <u>questions, your student will be tested</u> to determine if they qualify for English Language development services to help them become fluent in English.

Please indicate the first language the child spoke (i.e. Native Language). Then indicate language spoke most often by student (with their peers, family, etc.). Last indicate what language the student speaks in the home.

Sign your name electronically and enter date of application, then click SAVE in upper right hand corner of page.

X

Save and

Print Back

MCKINNEY VENTO - 05.20.10.00.10 - Google Chrome X https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedulakecentralin/qgudfedit050.w?vViewModeOnly=false Save Name: Tester Test Gender: Male Print Back McKinney-Vento Homeless Survey Student Name: Tester Test Student ID: School Year: 2020-21 School: Grade: KG If student is not considered Homeless. Age: 5 D.O.B: 06/11/2015 Parent/Guardian: Test Parent Phone Number: (219) 555-5555 Address/City/State/Zip: please select no and sign. 1234 100th Ave St. John IN 46373 The McKinney-Vento Homeless Assistance Act defines "homeless" as individuals who lack a fixed, regular and adequate nighttime residence. This includes children who If student is Homeless - meets definition of are "temporarily sharing the housing of other persons due to loss of housing or economic hardship." "homeless" – which is an individual lacking Please indicate if you consider your student homeless as defined above: No 🗸 a fixed, regular and adequate nighttime

Parent Electronic Signature: test parent

If the answer is NO to the above question, no further information is needed. Go to the right, click SAVE and move on to next question on online enrollment.

If the answer is YES you consider your student homeless as defined above please complete the next few questions, then click SAVE at the top right of online enrollment page.

If the answer above was YES, please complete select the student's living situation below and then go to bottom of page and electronically sign this form:

Living in a shelter, including transitional housing shelters. Please provide the name and address of the shelter:

Living on the streets, abandoned building, car, trailer, campground, public place, housing not fit for habitation. Please provide info regarding the area in which the student is living:

housing or economic hardship of parents" then please indicate YES and complete remaining questions.

"temporarily sharing housing due to loss of

residence – including children who are

When done, click SAVE in upper right hand corner.

This is also a required form. This release of records authorizes LCSC to request transcripts, IEP info, health records, language survey or any other pertinent educational information.



LAKE CENTRAL SCHOOL CORPORATION 8260 Wicker Avenue St. John, Indiana 46373 (219) 365-8507 www.lcsc.us

Release of Records Form

When students transfer from one school to another, it is necessary that the receiving school district have access to the student's files and information, including health records. We require written permission of the parent or guardian for the transfer of such records.

Please complete information below so LCSC may obtain your student's school records:

Student Name:	
Test Student	

Grade Enrolling for this school year: KG

Transferring from: (Please list school name, city, state, zip)

THIS FORM IS REQUIRED FOR ALL GRADE LEVELS. IF KG LEVEL PLEASE PUT NOT APPLICABLE.

I hereby authorize the Lake Central School Corporation to release/receive the following information: (1) Up to date transcript (including dates of entry/withdrawal, all subjects, grades/grading scale to date of withdrawal). (2) Any psychological or special placement data. (3) Health records (including physicals and immunization records) (4) Home Language Survey (5) Any other pertinent information regarding this student - ie. educational background.

Parent Electronic Signature:

Test Parent

Date Signed: 02/12/2021

Please click the drop down box and place an X by the school to receive the records for the above child:

- Lake Central High School, 8400 Wicker Avenue, St. John, IN 46373 Tel: (219) 365-8551 Fax: (219) 365-7156
- ✓ Clark Middle School, 8915 W. 93rd Avenue, St. John, IN 46373 Tel: (219) 365-9203 Fax: (219) 365-9348
- Crimmer Middle School, 225 W. 77th Avenue, Schererville, IN 46375 Tel: (219) 865-6985 Fax: (219) 865-4423
- ▼_ Kahler Middle School, 600 Joliet Street, Dyer, IN 46311 Tel: (219) 865-3535 Fax: (219) 865-4428
- ▼ Bibich Elementary School, 14600 W. 81st Ave, Dyer, IN 46311 Tel: (219) 322-1185 Fax: (219) 864-2381

11 TAT ACASE T 1 (010) 000 4451

structions for compl	eting the Additional District Forms		
	ete all of the Additional District Forms below	to be able to submit application.	
Asterisk (*) denotes a	required form		
* Required Form:	CHIRP PERMISSION FORM	This form has been completed	
* Required Form:	Home Language Survey	This form has been completed	
Optional Form:	IEP/504/Additional Info	This form has not been completed	
* Required Form:	MCKINNEY VENTO/HOMELESS	This form has been completed	
f you have a custody a roluntary custody agree apart.	greement in place, please complete this form. IF you ement, this form is not needed. Example: Divorced p	u do not have a court ordered or arents or never married parents living	
Optional Form:	FORM I - CUSTODY AGREEMENT	This form has not been completed	
f you are planning on n lo not yet have closing 'ou.	noving into our district and have already signed a sa papers, you will need to complete this form. Not ne	les contract and/or building contract, but cessary to complete unless this applies to	
	noving into our district and have already signed a sa papers, you will need to complete this form. Not ne Intent to Move - Form V	les contract and/or building contract, but cessary to complete unless this applies to	
Optional Form:		This form has not been completed	
Optional Form:	Intent to Move - Form V	This form has not been completed	
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After all required forms have been completed you can Complete Step 6. If it does not say it has been completed, click on the orange tab to re-open it and finish and be sure to hit SAVE in upper right on each form.

It will not show complete Step 6 until all required forms are complete.

When you have completed them, click complete Step 6.



Current year applications are reviewed on daily business days. School Registrars will contact you if they need additional information and to inform you once your child's enrollment has been processed and accepted.

FUTURE applications (students entering KG in Fall but applying in February or those applying over the summer) will be reviewed and processed in a timely manner. Normally KG applications are processed by the end of April each year. Students applying over the summer will be processed weekly in plenty of time for start of school year.

On an added note, we do not have Open Enrollment at LCSC, you must have primary residence in our district. In addition, we do not have Open Preschool either. Our preschool is part of our Special Education program and students must be screened and accepted prior to parent completing online application for enrollment.

