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.

You will login to your current Family Access account and click NEW STUDENT ONLINE ENROLLMENT to enroll your student for Kindergarten next year. You will be required to upload all residency documents, birth certificate, complete all forms, etc. as if you are brand new to corporation.

Current LCSC preschool parents who have difficulty with enrolling your preschooler for KG for next school year, please do not contact the school nor the SE office, please contact the Tech Dept via email at <u>skywardaccess@lcscmail.com</u> OR via phone at (219) 558-2794.





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). ALL KINDERGARTEN STUDENTS MUST GET PHYSICAL COMPLETED BY A LICENSED PHYSICIAN PRIOR TO START OF SCHOOL YEAR. CLICK HERE TO PRIOR TO TAKE TO DOCTOR.				
All grade level studnets must apply throug 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 219-558-2194 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 prior 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 USED PORTAL) INTO OUR 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.				
Enter the name of the legal parent/guardian of the student you want to enroll				
* Guardian Legal First Name: Test				
* Guardian Legal Last Name: Parent				
Guardian Legal Middle Name:				
Guardian Legal Name Prefix: 🔽 Guardian Legal Name Suffix: 🔽				
Guardian contact information				
* Guardian Email Address: skywardaccess@lcscmail.com				
*Re-type Email Address: skywardaccess@lcscmail.com				
* Odariolan Primary Phone Number: 1219) 555-5555				
Asterisk (*) denotes a required field				
Click here to submit Account Request				

If the student you are enrolling is a Kindergarten student, you will need to click the link to print out the Physical Form to take to the doctor. Physicals are required only of new KG students (also by athletes chosen for sports teams – schools will provide info to athletes).

Fill out all information to request an ENROLLMENT ACCOUNT and then Click to submit.



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 ONLY for the enrollment portal, once your child is enrolled, this will no longer be valid and you will be sent a Family Access login and password via email.

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 KG-12 are allowed to apply for enrollment online Ď 🗛 Skyward Email Issues 🗙	ē	Ø
	-	Skywardacces@lcscmail.com to skywardaccess → Dear Test Parent	4	:
dent		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. Once you have completed the full application, you will receive confirmation email if your enrollment request has been approved.	re a	
Stude		Please note: For the 2020-21 school year, eLearning vs In Person learning decisions vary at different school levels due to scheduling capacities/class availability. The school will discuss options with you upon enrollment.	r 3ra	
Ento		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 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.	(take	2
SKYWARD		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://skywardiscorp.com/scripts/wsisa.dl/WService=wsedulakecentralin/sfemnu01.w Your login is: skywardaccess@lcscmail.com Your password is: 52556		
		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 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.	Anyor	ne
		This is only an application for enrollment and does not guarantee student enrollment. LCSC does not have an open enrollment policy, so criteria for attending our schools does include legal residency in our district and provision of all necessary supportin documentation.	ing	

If you have any questions about the Online Application for Enrollment, please email skywardaccess@lcscmail.com for Tech Assistance

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

X ITO OUR SC

IE SAME

ut of state, or

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

Y OR PF Enrollment Not Submitted

loved to

You m

This request cannot be processed. An account is already associated to the email address of skywardaccess@lcscmail.com.

Please enter a different email address or log in to the NEW TO DISTRICT ONLINE ENROLL system with the password associated to this email address or use the Forgot Login/Password link for help.

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 email the LCSC Tech Dept at <u>skywardaccess@lcscmail.com</u> and ask for your login information to be emailed to you. Please include your full name in email. 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 NEW TO DISTRICT ONLINE ENROLL, then follow the remaining instructions in this tutorial.

sec 💰	Family Access - Google Chrome	- 0	\times
7	https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedula	akecentralin/sfhome01.w	
	Family Access	Momma Farfegnugen My Account Contact Us Email History Ex	it
	SKYWARD TEST TEST	District Links	•
S E	Home Outside Schools NEW TO DISTRICT ONLINE ENROLL Student Info Busing	Upcoming Events	_

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.

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

	Application For	m			
	S	ave and Continue to Fill Out Application	Save and go to Summary Page	Print Application	Leave WITHOUT Saving
	Instructions for completing t	he student application			
	Answer the questions to progress and return	ess through the application form. Click 'Sav to the summary page. Click 'Leave WITHO	e and Continue to Fill Out Application' to a UT Saving' to return to the summary page	save your progress and stay on this screen. Cli e without saving.	ck 'Save and go to Summary Page' to
	Asterisk (*) denotes a required f	field Please Note: Only one step may	be edited at a time		
	Step 1: Student Informat	ion Edit View Only Sa	ve Save and Collapse Step		
			* Last Name:	* First Name:	Middle Name:
			Name Suffix: 🖍	Name Prefix: Vickname:	* Gender: 🗸
			* Date of Birth:	Age: 0 Birth City:	Birth State:
			* Birth Country:		
			* Second Phone:	* Home Email:	
	400 as		* Is Student Hispanic/Latino2:	Au Child is not Llispania at Latina	
			O Yes, other Spa	My Child is Hispanic or Latino - A person of Cu anish culture or origin, regardless of race	ban, Mexican, Puerto Rican, South or Central Am
			* Federal Race: Amer (select all that apply) America	ican Indian or Alaska Native - A person having (including Central America) and who maintains	origins in any of the original peoples of North and tribal affiliation or community attachment
			Asian subcontir Vietnam	- A person having origins in any of the original eent, e.g., Cambodia, China, India, Japan, Kore	peoples of the Far East, Southeast Asia, or the li a, Malaysia, Pakistan, the Philippine Islands, Tha
			Black	or African American - A person having origins	in any of the black racial groups of Africa

]	
	* Last Name: Test * First Name: Tester Middle Name:
This information is regarding the	Name Suffix: V Name Prefix: V Nickname: *Gender: V
STUDENT, not the person	* Date of Birth: 06/11/2015 Age: 5 * Birth City: Munster * Birth State: IN - INDIANA
completing the application	* Birth Country: USA
completing the application.	*Second Phone: (219) 555-1234 *Home Email: skywardaccess@lcscmail.com
	Social Security Number: 000-12-3456
Language most spoken by	* Is Student Hispanic/Latino?: No, My Child is not Hispanic or Latino Yes My Child is Hispanic or Latino - A person of Cuban Mexican Puerto Rican South or Central American or other
STUDENT Native Language of	Spanish culture or origin, regardless of race
	(select all that apply) (including Central America) and who maintains tribal affiliation or community attachment
STUDENT.	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
	Black or African American - A person having origins in any of the black racial groups of Africa
Please select Current Year or	or other Pacific Islands
Next Vers for use on shild will	White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
Next Year for when child will	* Does student have a parent in the military?: No V
start at LCSC Schools.	* Has student attended a state school?: No 🗸 * Has student attended this district previously?: No 🗸
	* Previous School District: NA * Previous School, City and State: NA
What grade will student attend for the year you are enrolling?	
* What School Year are you e	ing your student into? O Current School Year (2020 - 2021) Skew School Year (2021 - 2022)
	* Expected Enrollment Date
	(The first day of school is 08/11/2020) * Expected Enrollment Date 08/11/2021
* Expected Grade Level - PRESCHOOL MUST BE RECOMMEN	D BY SE DEPT PRIOR TO SUBMITTING ENROLLMENT APP KG 🗸 * Expected School to Enroll into Kolling Elem School (KG-4) 💉
* AUP (Acceptable Use Policy) - Student Network and Internet	eptable Use and Safety (refer to Policy Number 1 allow V
Photo allowed LCSC Usage means child can	*I authorize this student's information to be distributed for the purposes of NAME TO MILITARY usage: No 🗸 🕐
school newspaper, website, twitter, etc. Th	*I authorize this student's information to be distributed for the purposes of NAME TO COLLEGES usage: No 🗸
automatically included in yearbook or class	cture
unless you contact school directly.	Additional Information:
	(on the Student for the District)
Photo allowed MEDIA means outside News	Ders Maximum sparacters: 5000, Remaining characters: 5000
(example: The Times)	Complete Step 1 and move to Step 2: Family/Guardian Information

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.

							To add 2 nd parent living at same address, click Yes. I want to add another legal
Enter Information fo	or the Primary G	uardian and the	Family this St	udent lives with			guardian who lives at this address
Enter Information	for the Family th	is Student lives	with				guardian who lives at this address.
* Primary Phone:	(219) 555-5555						
Family Home Language: (English	~					If you want to add another legal guardia
	House #: 1234	Direction:	Street Name	100th Ave	SUD:	✓ #:	in you want to add another legal guardian
* Home Address:	P.O. Box:	Address 2:		City: St. John	State: IN	✓ Zip Code: 46373	at different address (in case of joint
	* County: Lake	~]					custody), then click No other legal
Mailing Address:	House #.	Direction:	Street Name:		SUD:	✔ #:	guardians at this address and it will take
(if different than home address)	P.O. Box:	Address 2:		City:	State:	V Zip Code:	
Name Suffix: [* Relationship to Child: [Name Prefit Mother Does this guardian	X: 💌 * Date of F * Marital Status: [have custody of the	child?: Yes ♥	Gender: Femal Social Security Number: 011 * Is this guardian allowed to	-55-5787	t from school?: Yes ▼	Are there other Legal Guardians who live at this address? Yes, I want to Add another Legal Guardian who live at this address Are there other Legal Guardians who live at a different address?
	Should this guard	ian also be consider	ed an Emergency	Contact?	-		Yes, I want to Add a Legal Guardian who lives at a Different Address (No, Complete Step 2 and move to Step 3: Medical/Dental Information) (No, Complete Step 2 Only)
Cell Phone: ((219) 555-1234	Work Phone:	Next and T	Contact Email Address	s: skywardaccess@	§lcscmail.com	
* Employer:	English Hanny Housekeener	• ·		\sim			farina anti ar 👝 👝
Employor.		Are there	e other Legal	Guardians who live at th	nis address?		
	Yes, I want	to Add another Lega	I Guardian who liv	res at this address No other	Legal Guardians liv	ve at this Address)	Once you are done entering parent info,
							click No, complete step 2 and move to ste
Step 3: Medical/Dent	tal Information	Edit	w Only				3.

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 Last Name:	Physician First Name:	Physician Middle Name:
Name Suffix: Vame Pre	fix: 🗸 Physician Phone:	
Dentist Last Name:	Dentist First Name:	Dentist Middle Name:
Name Suffix: 🔽 Name Pre	fix: 🗸 Dentist Phone:	
Hospital:	Hospital Phone:	
Insurance:	Insurance Phone:	
rance Policy Number:		

	EMERGENCY CONTACTS
Step 4: Emergency	Contact Information Edit View Only Save Save and Collapse Step
*Last Name	Parent * First Name: Test Middle Name:
Name Suffix:	Name Prefix: * Is this contact allowed to pick up the student from school? Yes
Contact Email Address:	skywardaccess@lcscmail.com * Primary Phone: (219) 555-5555 Cell Phone: (219) 555-1234
Work Phone:	
* Relationship to Child	Mother V Relationship Comment:
Enter the Informat	ion for Emergency Contact #2 Remove this Emergency Contact
*Last Name:	Parent * First Name: Gramma Middle Name:
Name Suffix:	✓ Name Prefix: ✓ * Is this contact allowed to pick up the student from school?: Yes ✓
Contact Email Address:	gramma@gramma.com * Primary Phone: (219) 666-6666 Cell Phone:
Work Phone:	
* Relationship to Child:	Grandmother V Relationship Comment:
newspaces of a policy of the	Do you have other Emergency Contacts to add for this student?
Yes, I want to Add ar	other Emergency Contact Record No. Complete Step 4 and move to Step 5: Requested Documents

Parents can enter up to 3 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, NIPSCO bill to prove residence, and a copy of the parent driver's license (parent completing enrollment app)

You can also upload immunization records, IEP/504 if they have one, any custody paperwork, prior report card, etc.



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

LICK HERE FOR LIST OF REQUIRED DOCUMENTS/ACCEPTED DOCUMENTS

ving into the residence.

Choose File No file chosen 504: Choose File No file chosen Academic Records: 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 Choose File RES: 2nd Driv Lice: No file chosen RES: Bank Statement: Choose File No file chosen RES: Current Lease: Choose File No file chosen **Remove File** Nipsco bill.jpg 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 Choose File No file chosen Transcript:

You must upload your child's birth certificate, your Driver's License and proof of residency at address in our district.

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

If you have a lease, you can upload it under current lease. If you have a contract to build, you can upload it under Mortgage 2. If you have just bought home and do not have NIPSCO bill you can upload a copy of mortgage closing statement under Mortgage.

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.





* All steps must be Completed before an Application can be Submitted *

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.

SKY CHIKP PERIVISSION FORM -	US.20.10.00.10 - Google Chrome	- <u> </u>
https://skyward.iscorp.c	com/scripts/wsisa.dll/WService=wsedulakecentralin/qqudfedit050.w?vViewModeOnly=false	
	Name: Tester Test Gender: Male	Save Save and Print Back
The Indiana Department of data on CHIRP (Children a	f Health and the Indiana Department of Education have mandated that all schools enter immunization and Hoosiers Immunization Registry Program) website.	
CHIRP is an internet-based verify that your child has re CHIRP by the school nurse below.	immunization program of the Indiana State Department of Health. This information may be used to eccived 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 Program (CHIRP).	to the Indiana State Department of Health's Children and Hoosiers Immunization Registry	
	The following infomation will be released:	
Name, Date of Birth, Race	e, Address, City, State, Zip Code, County, Home Phone Number, and School they are presently attending and their immunization data.	
Lunderstand that the inform	ation in the registry may be used to varify that my child has received proper immunizations and to inform	

in 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 home?

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:

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 Г 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 🗸 Parent Electronic Signature: test parent a fixed, regular and adequate nighttime 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. residence – including children who are 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 "temporarily sharing housing due to lose of 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:

When done, click SAVE in upper right hand corner.

housing or economic hardship of parents"

then please indicate YES and complete

remaining questions.

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	
	li li

Grade Enrolling for this school year: KG

Iransferring 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:

~	ake 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
~	Grimmer 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
- 22		E (010) 0(5 (1))

Parents must complete all of the Additional District Forms below to be able to submit application. Asterisk (*) denotes a required form * Required Form: CHIRP PERMISSION FORM Inis 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 not been completed * Required Form: MCKINNEY VENTO/HOMELESS This form has not been completed * Required Form: FORM I - CUSTODY AGREEMENT This form has not been completed If you are planning on moving into our district and have already signed a sales contract and/or building contract, but do not yet have closing papers, you will meed to complete this form. Not necessary to complete unless this applies to you. Optional Form: Intent to Move - Form V Optional Form: FORM I - THIRD PARTY CUSTODY This form has not been completed If there is a third party custody agreement, it is necessary to complete this form. Not necessary to complete unless this applies to you. Optional Form: FORM I - THIRD PARTY CUSTODY This form has not been completed Optional Form: FORM I - THIRD PARTY CUSTODY This form has not been completed If there is a third party custody agreement, it is necessary to complete this form. Optional Form	structions for comple	ting the Additional District Forms		
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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 March 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.





