

Lebanon Middle School

Student Enrollment Form

I. STUDENT INFORMATION

***Please provide a copy of student's birth certificate**

Student's Legal Name: _____
Last First Full Middle

Resident Address: _____
House # Street

Mailing Address: _____
(If different from above)

Male: ____ Female: ____ Grade: ____ Date of Birth: _____ Place of Birth: _____

Is the Student Hispanic/Latino?: Yes ____ No ____

What is the Student's Race?:

____ North American Indian or Alaskan Native ____ Native Hawaiian/Other Pacific Islander
____ Asian ____ White ____ Black or African American

Is the Student a Foster Child?: Yes ____ No ____ If yes, Case Worker's Name: _____

Has the student received CT Migratory Children Services?: Yes ____ No ____

In the past 2 years, has the parent/guardian worked in an agriculture related field?: Yes ____ No ____

Is the parent/guardian a member of the U.S. Armed Forces?: Yes ____ Branch: _____ No ____

Other minor (to age 18) children in the family (names and birth dates)

Child's Name _____ DOB _____ Child's Name _____ DOB _____

Child's Name _____ DOB _____ Child's Name _____ DOB _____

II. PARENT INFORMATION

Student is living with (check space(s)): ____ mother; ____ father; ____ step-mother; ____ step-father; ____ guardian;
____ relative; ____ friend; ____ foster parent

Parent/Guardian: _____ Relationship: _____

Employer: _____ Occupation: _____

Phone numbers - Home: _____ Cell: _____

Work: _____

E-mail: _____

Parent/Guardian: _____ **Relationship:** _____
Employer: _____ **Occupation:** _____
Phone numbers - Home: _____ **Cell:** _____
Work: _____
E-mail: _____

Parent/Guardian: _____ **Relationship:** _____
Employer: _____ **Occupation:** _____
Phone numbers - Home: _____ **Cell:** _____
Work: _____
E-mail: _____

If parents are divorced/separated, are there any custody arrangements the school should be aware of?:

*If a non-residing biological parent would like to be included in a **second mailing**, please fill out the following:*

Name: _____ **Relation:** _____
Address: _____ **Town:** _____ **State:** _____ **Zip:** _____
Phone: _____ **E-mail:** _____

III. Educational Information

Name of last school attended: _____

Address: _____

Last Grade Completed: _____ **Dates Attended:** _____

Does the student receive/has received Special Education Services?: Yes _____ No _____

Does the student receive/has received 504 Accommodations?: Yes _____ No _____

Other Services received the school should be made aware of?: _____

Person completing this form: _____ **Relationship:** _____

Parent/Guardian Signature: _____ **Date:** _____