



# LEBANON MIDDLE SCHOOL

Robert Laskarzewski, Principal

891 Exeter Road  
Lebanon, CT 06249  
(860) 642-4702

Welcome to Lebanon! Attached you will find our enrollment packet for your child enrolling in Lebanon Middle School. The following forms are attached:

**Authorization For Release of Student Information:** Please complete this form and return it as soon as possible so that we may request your student's records from their current school.

**School Calendar:** The school calendar will let parents know when school vacations, professional days or students will have early-release.

**Enrollment Form:** This information will be entered into the student database. It is important that we have all telephone numbers and email addresses accurate for communication purposes.

**Home Language Survey:** A brief survey regarding primary home language in reference to services that could potentially be offered through the school.

**Residency Requirements:** Please be sure that this form is returned to the school along with the required 2 proofs of residency. Without these documents your child's admission to LMS can be delayed.

**Emergency Form:** Please fill out *both* sides. This form will be kept in the Health Office as well as sent on field trips in case parents need to be contacted.

**Bus Route Request:** Please complete the top half of the form (except for Student ID Number) and return to the Middle School Office. We will notify you once we hear back from the bus company.

**Chromebook Permission:** Every student at LMS is assigned a Chromebook for academic use. A permission slip must be signed by both parent/guardian and student. Insurance is optional. The website for insurance is only active the first month of school. If you are registering mid-year, insurance can be added through the school directly.

**Free & Reduced Lunch:** This is optional to complete. Please contact Chelsea Williams in Central Office at 860-642-5637 with any questions.

All forms must be completed before your child begins school, as well as copies of your child's immunization records, grades and achievement/mastery test results from their sending school. Also, special education records should be sent prior to your child's enrollment. New student orientation will be held mid-August and is mandatory for both parents and students.

**LEBANON MIDDLE SCHOOL**  
**891 Exeter Road, Lebanon, CT 06249**  
**Telephone: (860) 642-4702**  
**Fax Number: (860) 642-3534**

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**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

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Name of Student: \_\_\_\_\_  
                                    First Name                                    Middle Name                                    Last Name

Grade Registering for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Street (do not list P.O. Box as a street address)

\_\_\_\_\_ Town State Zip Code

**I give permission to:**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street

\_\_\_\_\_ Town State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**to forward the following information to:** Taryn Olin  
Lebanon Middle School  
891 Exeter Road  
Lebanon, CT 06249

1. Cumulative Records including Report Card, Birth Certificate, Test Scores, Attendance, Discipline
2. Current Immunization/Health Records
3. Special Education Records
4. 504 Records
5. Psychological Records
6. Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# 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?: \_\_\_\_\_

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**Person completing this form:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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



# LEBANON MIDDLE SCHOOL

Robert Laskarzewski, Principal

891 Exeter Road  
Lebanon, CT 06249  
(860) 642-4702

## CT Home Language Survey Lebanon Middle School

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

### Student Information

Student Name:

Country of Birth:

Date of Birth:

Date first enrolled in any US schools:

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most spoken by the student?

3. What is the language the student first acquired?

1. What language would you prefer for written communication from the school?

2. Will you require interpretation/translation at Parent/Teacher meetings?

\_\_\_\_\_  
Parent/Guardian name (please print)

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

\_\_\_\_\_  
Date

Thank you for answering the questions. We look forward to working with your child.

**LEBANON MIDDLE SCHOOL  
891 EXETER ROAD  
LEBANON, CT 06249**

**TELEPHONE: (860) 642-4702**

**FAX NUMBER: (860) 642-3534**

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**RESIDENCY FORM**

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Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
(legal street address)

Mailing Address \_\_\_\_\_  
(please fill out if P.O. Box is used)

Type of residence \_\_\_\_\_ New  
If new dwelling, provide copy of Certificate of Occupancy which must be dated and signed by Town Inspector. Also, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency.

\_\_\_\_\_ Existing  
If existing dwelling, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address, mortgage paperwork. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

\_\_\_\_\_ Rental  
If renting, copies of the lease, should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

Please fill in the date that actual occupancy took place \_\_\_\_\_

**Students are not allowed to attend Lebanon Public Schools until sufficient proof of residency has been established. Any student found attending school but not actually living in said residence, can be removed from school until actual residence has been established. Tuition may be charged at the discretion of the Superintendent's Office.**

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

**LEBANON PUBLIC SCHOOLS**  
Lebanon Middle School  
Holly Parker, R.N.  
holly.parker@lebanonct.org  
(860) 642-5630  
Fax: (860) 642-3534

**STUDENT EMERGENCY INFORMATION 2020-2021**

STUDENT NAME: \_\_\_\_\_ GRADE (2020-2021) \_\_\_\_\_  
Last First

STUDENT ADDRESS: \_\_\_\_\_  
Street Town

HOME PHONE: \_\_\_\_\_ BIRTHDATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Step-Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EMERGENCY CONTACTS** *List two (2) neighbors or relatives who will assume temporary care of your child if you cannot be reached. (They must drive and be at least 18 years old.)*

1. Name/Town \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
2. Name/Town \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Does your child have health insurance **Yes / No**  
If not, would you like information involving the Connecticut Husky Plan? **Yes / No**

**AUTHORIZATION FOR FIRST AID, MEDICAL TREATMENT, TYLENOL/ADVIL OR OTHER MEDICATIONS**

In case of accident, illness or injury, I grant permission for school personnel to administer first aid or secure medical treatment for my child. In case of emergency, your child will be taken to the nearest medical facility.

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

I grant permission for generic forms of Tylenol or Advil or Tums to be administered to my child.

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

**If your child has a life threatening allergy or a serious medical condition that may require emergency care or special procedures at school, please telephone school nurse directly prior to beginning of the school year, at time student enrolls, or as soon as diagnosis is made so plans for care can be developed.**

Student Allergies	Chronic Illnesses or Medical Conditions (list)	Medications (list) Include medications taken at home
Has student been prescribed epinephrine (EpiPen or Twinject) for a life threatening allergy? Y ___ N ___	_____	_____
If yes list allergy: _____	_____	_____
Other Allergies: _____	_____	_____



# LEBANON PUBLIC SCHOOLS ANNUAL HEALTH SUMMARY

School Year 2020-2021

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

Student's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please check the following illnesses or conditions that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Frequent colds                    | <input type="checkbox"/> Bone Fractures                 |
| <input type="checkbox"/> Sore throats                      | <input type="checkbox"/> Dislocations/Sprains           |
| <input type="checkbox"/> Ear Infections/hearing impairment | <input type="checkbox"/> Scoliosis                      |
| <input type="checkbox"/> Seizure disorder                  | <input type="checkbox"/> Weight Problems                |
| <input type="checkbox"/> Heart                             | <input type="checkbox"/> Recent Surgery/hospitalization |
| <input type="checkbox"/> Kidney                            | <input type="checkbox"/> Concussion/Head injuries       |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Frequent nosebleeds            |
| <input type="checkbox"/> Migraines / frequent headaches    | <input type="checkbox"/> High blood pressure            |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Skin conditions                |
| <input type="checkbox"/> Asthma ↴                          |   |

Allergic to:

- Animals  
 Drugs  
 Foods \_\_\_\_\_  
 Milk, Milk products  
 Bee stings  
 Environmental allergies (dust, pollen, grass, etc)  
 Other Allergies  
Epinephrine prescribed?  
(Y\_\_\_ N\_\_\_) If yes,  
list allergy \_\_\_\_\_

**For asthma only - If checked, please rate severity level**

- mild intermittent     mild persistent  
 exercise induced     severe persistent

Please explain any conditions checked above:

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

Is there any other condition pertaining to your child's health you would like to bring to the attention of the school nurse? (Please include any major health changes in last year.)

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

- Has your child had a tetanus booster in the past year? Y\_\_\_ N\_\_\_ If yes, date \_\_\_\_\_
- Does your child wear glasses or contacts? Y\_\_\_ N\_\_\_ for Distance \_\_\_ Reading \_\_\_

Will your child need to take medication at school. Y\_\_\_ N\_\_\_ List med. \_\_\_\_\_

Connecticut State Law requires a written medication order signed by an authorized prescriber and parent/guardian be submitted for any medication administered at school or any medication authorized to be self-carried by student (inhalers & Epinephrine by older students). Contact school nurse for more information, or if forms are needed.

I have reviewed the above information and completed it to the best of my knowledge.

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

**LEBANON MIDDLE SCHOOL  
891 EXETER ROAD  
LEBANON, CT 06249**

**TELEPHONE: (860) 642-4702**

**FAX NUMBER: (860) 642-3534**

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**BUS ROUTE REQUEST**

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To: M & J  
Lebanon, CT 06249

Date \_\_\_\_\_

**Reason for Request:**

- New Student      Date of Enrollment \_\_\_\_\_  
 Student Withdrawal      Date of Withdrawal \_\_\_\_\_  
 Other \_\_\_\_\_

**Request applies to:**

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

Parent/Guardian Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
(legal street address)

Student Telephone Number \_\_\_\_\_

Grade \_\_\_\_\_

Student ID Number \_\_\_\_\_

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Please fill out and fax back to LMS Main Office. Parents will be notified of bus information

Faxed to M & J on \_\_\_\_\_ by \_\_\_\_\_

Bus Number \_\_\_\_\_ Pick Up Time \_\_\_\_\_ Drop Off Time \_\_\_\_\_

Student will be picked up at: \_\_\_\_\_  
(i.e. end of driveway, corner of street, different house #)



# Lebanon Public Schools



## Parent/Guardian/Student Agreement Distribution and Use of Computer Devices

Student Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

School: Lebanon Middle School Grade \_\_\_\_\_ Year 2020-2021

Device \_\_\_\_\_

Dear Parent/Guardian/Student,

We are delighted to be able to offer students in grades 5-12 a device. The Lebanon Public Schools has a longstanding commitment to providing instruction in ways relevant to the lives of our students. The distribution of devices is intended to give the students greater access to the Internet, enhance online learning and expedite student collaboration with each other and their teachers. We are asking you and all families of students provided a device to agree to the following:

Acknowledge and comply with the Lebanon Board of Education Acceptable Use Policy (AUP), policy 6141.321, which states in part:

“These computer systems are expensive to purchase, install and maintain. As the property of the district these computer systems must be carefully handled and their integrity preserved for the benefit of all. Therefore, *access to the computer systems is a privilege, and not a right.* Students will be required to adhere to a set of policies and procedures, as set forth in detail below. Violations may lead to withdrawal of the access privilege and/or disciplinary measures in accordance with the Board’s student discipline policy.”

**Note:** Student use of the device is not filtered when it is connected to the Internet outside of the school network. However, students are expected to follow the same Internet guidelines with the school's property whether at school or at another wireless location. The Lebanon Public Schools reserves the right to periodically check the student's Internet history and take disciplinary action due to violations of the acceptable use policy outside of school. Students assume responsibility for the safekeeping of the device and its associated peripheral devices (including but not limited to device covers, A/C adaptors, and cables) and assume responsibility for the cost of the repair, for its loss or its damage. Families are responsible for charges related to negligent or intentional damages to the device.

Please review the following guidelines with your child explaining his/her commitment.

We expect these will help clarify his/her responsibility for the device, and will reinforce the standards of the Lebanon AUP, however, these are not intended to replace the full AUP:

- We understand that we are responsible for the condition of the device and can incur a monetary assessment. If it is not returned or it is damaged, we will be assessed the replacement cost.
- We understand that this device is for school related activities only. This device is not for personal use.
- We understand that I will exercise reasonable care to protect the device from damage or loss.
- We understand I will store the device in my locker that is secured with a lock and will not share my locker with classmates.

- We understand that I must bring my device charged to class every day.
- We understand that I cannot install any unapproved software on my device. All devices will be synced with the school computer and unapproved software and student work may be lost.
- No modifications may be made to the device.
- Misuse of the device may result in the loss of the privilege of the device at home, at school or both.
- If the device is lost/stolen, my parent/guardian will immediately file a police report and submit a copy of the report to a school administrator within 48 hours.
- We will report immediately to my teacher any damage to the device.
- We understand that I must comply with all Lebanon technology practices both at school and at home.
- We understand that this device is property of the Lebanon Public Schools and that the school retains control and supervision of the device, network and Internet services owned by the school as well as Internet activity conducted on the device on non-school network(s), such as but not limited to home Internet accounts. The school reserves the right to monitor all device and Internet activity by students. As a student I have no expectation of privacy in my use of school devices, including email and stored files, and Internet activity either at school or away from school.
- The device will be returned promptly should I be withdrawn from the Lebanon Public Schools.
- The device will be returned at the end of the school year in reasonable condition, at a date to be determined by the principal.

**District will be going to self-insured this school year. Details to follow.**

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have carefully read the above agreement concerning my responsibilities related to the provision of a device to my child. I accept the conditions set forth above and will exercise appropriate supervision of my child's use of the device and accept responsibility for the exercise of ordinary and reasonable care of the device.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_