



# WELCOME TO LEBANON CITY SCHOOLS



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

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

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

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

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

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

## Registration Checklist – All of the following Documents and Forms are Required

- Student Registration Form
- Child's Original Birth Certificate or Passport **County or State Issued Only** – No hospital issued birth records  
\*Bureau of Vital Statistics (513) 352-3120 or Warren County Health Department (513) 695-1228
- Legal Documents of Custody/Guardianship – If Applicable
- Copies of Special Service Plans (IEP, LEP, 504, Gifted Test Scores, etc.) – If Applicable
- Residency Affidavit I or II - ***This form is to be completed at the registration office***
- Parent's Driver's License or State ID
- Proof of Residency – Below are the only forms we accept.  
**Rental/Lease Contract, Mortgage Statement, Deed, Tax Bill, City of Lebanon and/or Duke Energy Bill**  
*\*The proof must be in the person's name who is registering the student. If the parent/guardian is not on the residency then the person who is must be able to sign Side II of the Affidavit.*
- Emergency Medical Authorization
- Student Health History
- Current Immunization Records
- School Records Request
- Student Attendance Accounting Policy
- Network Agreement
- Directory Information
- Language Survey
- Transportation Form
- Free and Reduced Lunch Application – If Applicable
- Parent/Student Handbook & Open Exam/Standardized Testing - ***High School Students Only***

If you have any questions about the forms or registration requirements, please feel free to contact our registrar at the Central Office at (513) 934-5762



**STATEMENT OF CUSTODY**

**Student Lives With: (✓one)**

- Mother & Father – Married   
  Mother & Father – Unmarried   
  Mother Only   
  Father Only  
 Mother & Stepfather   
  Father & Stepmother   
  Ward of Court   
  Legal Guardian

**Marital Status & Proof of Custody: (✓one)**

- Married. Mother & Father Together – None Needed  
 Divorced. Who has legal custody?   
  Mother   
  Father   
  Shared  
 If shared, who is residential?   
  Mother   
  Father

**\*\*MUST PROVIDE COPY OF COURT ORDER\*\***

- Never Married.  
**Father MUST provide court order showing proof of custody to enroll child.**  
 Separated, not divorced.  
**Father HAS same right as mother until court determines custody.**

Siblings in Lebanon City School District	
Name	Grade

**~RESIDENTIAL PARENT INFORMATION – WITH WHOM THE STUDENT LIVES~**

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

**~ADDITIONAL PARENT/GUARDIAN INFORMATION~**

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

**PLEASE NOTE:** At times the District will communicate important information via an automated ALL CALL or TEXT. List two numbers below at which you would like to receive an ALL CALL and/or TEXT Notification. Cancellation/delays will be announced via TEXT, on the school website and local news media. Message and data rates may apply.

ALL CALL		TEXT	
Name	Phone #	Name	Cell Phone #
	(    )		(    )
	(    )		(    )

**EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS – Only provide those contacts who are different than listed above)**

NAME	RELATIONSHIP	DAYTIME PHONE	PHONE #
1.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(    )
2.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	(    )

**PURPOSE:** To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable.

<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
*Falsification under Ohio Revised Code section 2921-13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both. Requested information is mandated under Senate ORC Bill 140 Education Management Information System (Sections 3301-0714).	



# EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Teacher \_\_\_\_\_ AM \_\_ PM \_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Grade \_\_\_\_\_

**PURPOSE:** To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable. *I understand medical information provided on this form will be shared with school personnel who interact with my student to ensure his/her safety at school unless I note otherwise.*

### EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS)

	Name	Home #	Cell #	Work #	Relationship to Student
1.					
2.					
3.					
4.					

### IMPORTANT MEDICAL INFORMATION

**PLEASE LIST ANY pertinent medical history or information about existing conditions that may affect your student at school including allergies, medications, current medical conditions, and any physical impairments to which the school should be alerted:**

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**PLEASE SIGN EITHER PART 1 TO GRANT CONSENT OR PART II TO REFUSE CONSENT BELOW:**

#### PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospitals to be called:

<b>Doctor:</b> <b>Phone:</b>	<b>Dentist:</b> <b>Phone:</b>	<b>Preferred Local Hospital:</b> <b>Phone:</b>
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In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

#### PART II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



# Student Health History



INFORMATION PROVIDED ON THIS FORM WILL BE SHARED WITH SCHOOL PERSONNEL WHO INTERACT WITH YOUR CHILD TO ENSURE HIS/HER SAFETY AT SCHOOL UNLESS YOU NOTE OTHERWISE.

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: Male or Female Grade \_\_\_\_\_

**Health Conditions** – Please check any that apply:

- Abnormal Spinal Curve (Scoliosis, etc.)
- Activity Restrictions (describe below)
- ADD / ADHD
- Allergies (list below)
- Anemia
- Arthritis
- Asthma, Inhaler Needed? \_\_\_\_\_
- Birth or Congenital Malformation
- Bleeding / Blood Disorders
- Cancer
- Chicken Pox – Date of Disease \_\_\_\_\_
- Cystic Fibrosis
- Diabetes
- Chronic Diarrhea or Constipation
- Eczema
- Emotional Concerns
- Heart Disease
- Hepatitis, Type \_\_\_\_\_
- Kidney Disease
- Lactose / Dairy Intolerant
- Measles/Mumps/Rubella
- Meningitis / Encephalitis
- Rheumatic Fever
- Seizures, Type \_\_\_\_\_
- Sickle Cell Disease
- Skin Rashes (frequent)
- Tics / Nervous Twitches
- Urinary Tract Infections
- Other (list below)

**Allergies** (please list and describe allergies or reactions)

Medication Allergies:
Foods / Plants / Animals / Other:
Recommended Treatment for Severe Reaction:

**Medications**

What medications are given daily?
List any emergency meds your child requires (i.e. inhaler, epi-pen)

**Injuries and Illness** (please list any severe injuries or illness)

Injury / Illness	Age of Child	Hospitalized?

**Vision and Hearing**

Frequent ear infections \_\_\_\_\_ Which ear \_\_\_\_\_ Does your child have a reduction in hearing \_\_\_\_\_

Explain \_\_\_\_\_

P.E. Tubes \_\_\_\_\_ In place now \_\_\_\_\_ Hearing Aides \_\_\_\_\_

Vision Problem \_\_\_\_\_ Type \_\_\_\_\_ Wears Glasses \_\_\_\_\_ Amblyopia or Lazy Eye \_\_\_\_\_

Which Eye \_\_\_\_\_ Last Exam \_\_\_\_\_ Color Blind \_\_\_\_\_ Do you suspect a vision or hearing problem \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Lebanon City Schools

District IRN # 044214

## Student Records Request

### STUDENT INFORMATION

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

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

### PREVIOUS SCHOOL INFORMATION

School Building Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ LEP \_\_\_\_\_

Was your child expelled from this school?  YES  NO WAP/WEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

### PARENTAL RELEASE

I am the parent/legal guardian of the above named student. You are authorized to release the records listed below to:

Bowman Primary School (BPS)  
Grades Pre-K – 2<sup>nd</sup>  
Pre-K: (513) 934-5489 K: (513) 934-5461  
Grades 1 & 2: (513) 934-5800  
FAX: (513) 934-2466  
K: [trumbly.amber@lebanonschools.org](mailto:trumbly.amber@lebanonschools.org)  
1<sup>st</sup>: [sotzing.susan@lebanonschools.org](mailto:sotzing.susan@lebanonschools.org)  
2<sup>nd</sup>: [sarka.katrina@lebanonschools.org](mailto:sarka.katrina@lebanonschools.org)

Donovan Elementary School (DES)  
Grades 3<sup>rd</sup> & 4<sup>th</sup>  
Phone: (513) 934-5400  
FAX: (513) 934-2467  
3<sup>rd</sup>: [feldmann.kristi@lebanonschools.org](mailto:feldmann.kristi@lebanonschools.org)  
4<sup>th</sup>: [atkinson.debbie@lebanonschools.org](mailto:atkinson.debbie@lebanonschools.org)

Berry Intermediate School (BIS)  
Grades 5<sup>th</sup> & 6<sup>th</sup>  
Phone: (513) 934-5700  
FAX: (513) 228-0084  
5<sup>th</sup>: [smith.cheryl@lebanonschools.org](mailto:smith.cheryl@lebanonschools.org)  
6<sup>th</sup>: [tipton.patricia@lebanonschools.org](mailto:tipton.patricia@lebanonschools.org)

Lebanon Junior High School (LJHS)  
Grades 7<sup>th</sup> & 8<sup>th</sup>  
Phone: (513) 934-5300  
FAX: (513) 228-1043  
[bugher.patricia@lebanonschools.org](mailto:bugher.patricia@lebanonschools.org)

Lebanon High School (LHS)  
Grades 9<sup>th</sup> – 12<sup>th</sup>  
Phone: (513) 934-5100  
FAX: (513) 228-1946  
[chapman.krista@lebanonschools.org](mailto:chapman.krista@lebanonschools.org)

### Please include the following records:

- Attendance Record
- Subjects Taken
- Transcript of Grades and Credits Received
- State Testing Results
- Student SSID Number \_\_\_\_\_
- Birth Certificate
- Emergency Health Care Plans and Immunization Records
- Vision and Hearing Records
- Psychological Records (if applicable)
- Special Education and/or Confidential Records (IEP, 504, WEP, ETR)

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

Parent/Guardian Name (Please Print) \_\_\_\_\_

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



## **Student Attendance Accounting Policy**

The Ohio revised Code 3313.205 states that Boards of Education of each school district must adopt a policy of notification of parent, custodial parent, guardian, legal guardian, or other person having care or charge of a student who is absent from school.

See Lebanon City Schools policy below:

- **Parent or Legal Guardian must call student's school to report an absence within (2) hours from the start of school on the day of absence.**
- **If school does not receive a call from parent/guardian on the day of absence they will be contacted by school personnel to determine why the child is not in school.**
- **Written documentation is required upon students return to school.**
- **Please refer to your child's student handbook for our complete attendance policy.**

To comply with the Ohio Revised Code 3313.205, "parents" must provide the school with the following information:

1. Student Name: \_\_\_\_\_
2. Name of Parent, Custodial Parent, Guardian or Legal Guardian or person having charge or care of the student: \_\_\_\_\_

Daytime Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_



## Student Network and Internet Acceptable Use and Safety Agreement

To access the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The District's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures to block/filter Internet access in an effort to restrict access to material that is obscene, objectionable, inappropriate, and/or harmful to minors.

Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services in the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parent/guardians may find inappropriate, offensive, objectionable, or controversial.

The Board has the right to monitor, review, and inspect and directories, files, and/or messages residing on or sent using the school district's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

To ensure proper use of the district and/or voice-video-data network resources, the following rules and regulations apply to all students:

- A. The use of the network is a privilege which may be revoked by the district at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of the system software, the placing of unauthorized information, accessing materials which are inappropriate for the school setting, computer viruses or harmful programs on or through the computer system in either public or private files or messages.
- B. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the district. Misuses shall include, but not limited to:
  - 1) Misrepresenting other users on the network;
  - 2) Disrupting the operation of the network through abuse of the hardware or software;
  - 3) Malicious use of the network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks;
  - 4) Interfering with others' use of the network;
  - 5) Illegal installation, copying, or use of licensed copyrighted software.
  - 6) Users shall not view, download or transmit material that is threatening, obscene, disruptive or sexually explicit or that could be construed as harassment, bullying or disparagement of others based on their race, color, national origin, citizenship status, sex, sexual orientation, age, disability, religion, economic status, military status, political beliefs or any other personal or physical characteristics.
  - 7) Users shall not reveal personal home address or phone number or those of other students or staff.
- C. A student will be liable to pay the cost of fee of any file, software, or software transferred, whether intentional or accidental, without written permission of the District Technology Director.
- D. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

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I have read, understand, and agree to abide by the network resource rules and regulation. Should I commit any violation or in any way abuse or misuse my access privilege on the computer network, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

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Student's Name

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Signature of Parent/Guardian

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Date





# Directory Information

The Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA gives parents or students over age 18 certain rights with respect to education records, including the right to refuse to allow Lebanon City Schools permission to release information listed below about the student as directory information.

Each year the Superintendent shall provide public notice to students and their parents of the District's intent to make available, upon request, certain information known as "directory information."

Directory information shall not be provided to any organization or profit-making purposes.

The types of information listed below have been designated as directory information by FERPA and Lebanon City Schools Board of Education Policy 8330 and may be disclosed throughout the school year without prior notification:

- A. Student's Name
- B. Address
- C. Date and Place of Birth
- D. Telephone Number (Only for school/parent club directories)
- E. Major Field of Study
- F. Participation in Officially Recognized Activities and Sports
- G. Weight and Height of Members of Athletic Teams
- H. Dates of Attendance
- I. Awards Received
- J. Honors
- K. Scholarships
- L. Date of Graduation
- M. Student Photograph

Parents and eligible students may refuse to allow the Board to disclose "directory information" upon written notification within ten (10) days after receipt of the Superintendents annual public notice.

If a parent or eligible student refuses to allow Lebanon City Schools permission to release information about the student as directory information for the current school year, the parent or eligible student **must notify Lebanon City Schools in Writing** to their child's school within ten (10) days after school begins. Failure to submit such notification will be considered implied permission to use/release directory information as identified.

**SECONDARY LEVEL STUDENTS ONLY** – In accordance with Federal and State Law, the Board shall release the names, addresses, and telephone listings **of secondary students (grade 7 to 12)** to recruiting officer for any branch of the United States Armed Forces OR an institution of higher education who requests such information. A secondary school student or parent of the student may **request in writing** to the child's school within ten (10) days after school begins that the student's name, address, and telephone listing not be releases without prior consent of the parent(s)/eligible student.

The recruiting officer is to sign a form indicating that "any information received by the recruiting officer shall be used solely for the purpose of informing students about military service and shall not be released to any person other than individuals within the recruiting services of the Armed Forces." The Superintendent is authorized to charge mailing fees for providing this information to a recruiting officer.

Whenever consent of the parent(s)/eligible student is required for the inspection and/or release of a student's health or education records or for the release of "directory information," either parent may provide such consent unless agreed to otherwise in writing by both parents or specifically stated by court order. If the student is under the guardianship of an institution, the Superintendent shall appoint a person who has no conflicting interest to provide such written consent.

The Board may disclose "directory information," on former students without student or parental consent, unless the parent or eligible student previously submitted a request that such information not be disclosed without their prior written consent. The Board shall not permit the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child’s proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> Indicate your language preferences so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child’s education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p><b>Language Background</b> Information about your child’s language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p><b>Prior Education</b> Responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?  <input type="checkbox"/> Yes    <input type="checkbox"/> No            If yes, how many years/months? _____            If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?    <input type="checkbox"/> Yes    <input type="checkbox"/> No            If yes, when did your child first attend a school in the United States?            _____ / _____ / _____            Month      Day      Year</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child’s language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____      Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____      Today’s Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child’s school. Translated information about schools’ civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>

**\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\***

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is use to understand students’ linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey date and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<b>Student’s Native Language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	_____
<b>Student’s Home Language</b> See Language Usage Survey Questions 3. Report <u>only</u> for English learners in EMIS.	_____
<b>Potential English Learner</b> See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Asses the student’s English proficiency. <input type="checkbox"/> No. Do not asses the student’s English proficiency.
<b>Immigrant Student Status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of Validating School Employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name of Validating School Employee

\_\_\_\_\_  
Name of School or School District



# Lebanon City Schools Transportation Form

## Grades PK - 12

### **STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Bus Pickup Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **TRANSPORTATION TO SCHOOL DAILY – Please Select One**

- \_\_\_\_\_ Student will not require public transportation
- \_\_\_\_\_ Student will ride the bus to school from home address daily
- \_\_\_\_\_ Student will ride bus to school from sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: \_\_\_\_\_

Sitter/Daycare Provider's Address: \_\_\_\_\_

Sitter/Daycare Provider's Phone: \_\_\_\_\_

### **TRANSPORTATION FROM SCHOOL DAILY – Please Select One**

- \_\_\_\_\_ Student will not require public transportation
- \_\_\_\_\_ Student will ride the bus from school to home address daily
- \_\_\_\_\_ Student will ride bus from school to sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: \_\_\_\_\_

Sitter/Daycare Provider's Address: \_\_\_\_\_

Sitter/Daycare Provider's Phone: \_\_\_\_\_

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### **TRANSPORTATION USE ONLY**

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Student ID: \_\_\_\_\_ Building: \_\_\_\_\_

Bus #/Color AM: \_\_\_\_\_ Bus #/Color PM: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_ Drop Off Location: \_\_\_\_\_



## Lebanon High School Student Information 2020 – 2021

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PRINT NAME)

### **PARENT/STUDENT HANDBOOK ONLINE ACKNOWLEDGEMENT**

I have read and understand the 2020-2021 Lebanon High School Student Code of Conduct that is available online through the District website at [www.lebanonschools.org](http://www.lebanonschools.org). I am also aware that a hard copy is available in the Main Office if I would like a copy.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

### **OPEN EXAM/STANDARDIZED TESTING PROGRAM**

(Please read carefully and sign either FOR giving permission or NOT giving permission)

Lebanon High School has an Open Exam/Standardized Testing program. Students will need parental/guardian permission to leave school and/or arrive early on end of Semester Exams and Standardized Testing throughout the year if they do not have an exam or test scheduled. This will include; LHS Testing Day in October, 1<sup>st</sup> Semester Exams in December, AIR Testing and ACT in the spring, and 2<sup>nd</sup> Semester Exams in May. Once students leave they are not allowed to return to LHS to ride the bus.

Please check only one box;

- I DO give permission for my child to participate in the Open Exam/Standardized Testing program.
- I DO NOT give permission for my child to participate in the Open Exam/Standardized Testing program.

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