



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