

# Lebanon School District Student Enrollment Form

## I. Student Information:

If the student is residing with a Non-Family member, an Affidavit of Residency must be completed by a parent/guardian and should be returned with enrollment packet to be approved by the Superintendent.

Student's Legal Name:

\_\_\_\_\_

(Last) (First) (Middle)

Grade Registering for: \_\_\_\_\_ Date of Registration: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen  Yes  No

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

Resident Address:

\_\_\_\_\_

(House #) (Street) (Town) (State) (Zip)

Mailing Address: *(If different from above)*

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Is the Student a Foster Child?  Yes  No If yes, Case Worker Name: \_\_\_\_\_

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

Race:  North American Indian or Alaskan Native  White/Caucasian  American Indian  Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander  Black or African American

Is the parent/guardian a member of the U.S. Armed Forces?  Yes  No If yes, Branch: \_\_\_\_\_

Primary Language Spoken by Student: \_\_\_\_\_ Limited English Proficient  Yes  No

Predominant Language Spoken at Home: \_\_\_\_\_

Please list other minors (under age 18) that reside with student:

\_\_\_\_\_

Child's Name	DOB	Child's Name	DOB
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\_\_\_\_\_

Child's Name	DOB	Child's Name	DOB
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In the past 2 years, has the parent/guardian worked in an agriculture related field?  Yes  No

Has the student received CT Migratory Children Services?  Yes  No

## **II. Parent Information**

Student is living with (check space(s)):  Mother;  Father;  step-mother;  Step-father;  guardian;  
 relative;  friend;  foster parent;  host family

**Parent/Guardian:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If parents are divorced/separated, name of parent who has custody of child: \_\_\_\_\_

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:**

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **III. Educational Information for student being registered**

Name of last school attended: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Did the Student attend a Nursery School or Pre-School?  Yes  No Number of years \_\_\_\_\_

Does the student receive special services?  Yes  No

Speech  Resource Room  Counseling Other: \_\_\_\_\_

Does the student have an illnesses or physical condition that the school should be aware of?

Yes  No If yes, please explain: \_\_\_\_\_

Has the student previously attended the Lebanon Public Schools?  Yes  No

If yes, please indicate the grade when withdrawn: \_\_\_\_\_

Has the student changed his/her legal name?  Yes  No

If yes, please indicate other names: \_\_\_\_\_

**\*Proof of legal name change must be provided**

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**I hereby certify that I am the legal guardian for the named student on this application and that all information that I have provided is accurate and true.**

Name of person completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\*This form is requested for statistical purposes by the State of Connecticut only. Admission to Lebanon Public Schools is based on the applicant without regard to sex, age, creed, national origin or handicap.

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For Office Use Only

Date Received \_\_\_\_\_ Processed by \_\_\_\_\_ Number  
Assignment \_\_\_\_\_



LYMAN MEMORIAL HIGH SCHOOL

LEBANON, CONNECTICUT 06249

JAMES C. APICELLI  
Principal

OFFICE: (860) 642-7567 FAX: (860) 642-3523

ANN L. BIRRELL  
Assistant Principal

**RESIDENCY FORM TO BE COMPLETED BY LEBANON RESIDENTS ONLY**

Date \_\_\_\_\_

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

Student(s) Name \_\_\_\_\_ Grade(s) \_\_\_\_\_

Residence Address \_\_\_\_\_

(legal street address)

Mailing Address \_\_\_\_\_

(please fill out if P.O. Box is used)

Is residence: \_\_\_\_\_ NEW

If new dwelling, provide a copy of the Certificate of Occupancy which must be dated and signed by Town Inspector. Also, one of the following is needed: photo identification (Driver's License) with Lebanon address, mortgage paperwork, home insurance policy, or utility bill.

\_\_\_\_\_ EXISTING

If existing dwelling, a copy of the mortgage agreement should be submitted. Also, one of the following is needed: photo identification (Driver's License) with Lebanon address, home insurance policy, or utility bill.

\_\_\_\_\_ RENTAL

If renting, a copy of the lease should be submitted as proof of residency. Also, one of the following is needed: photo identification (Driver's License) with Lebanon address, renter's insurance policy, or utility bill.

\_\_\_\_\_ LIVING WITH FAMILY/FRIEND(S) \* **Residency affidavits must be completed.**

**Please contact LMHS guidance.**

Please indicate the date that occupancy actually took place \_\_\_\_\_.

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

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

## STUDENT RACE AND ETHNICITY FORM

Student Name (Please print): \_\_\_\_\_ Grade \_\_\_\_\_

### PLEASE ANSWER BOTH PART A AND B.

Please note- If you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student's behalf as required by the Federal government for reporting.

#### IS THE STUDENT HISPANIC/LATINO? (Choose only one)

- |               |  |
|---------------|--|
| <b>Part A</b> | <input type="checkbox"/> <b>NO</b> , not Hispanic/Latino<br><br><input type="checkbox"/> <b>YES</b> , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). |
|---------------|--|

Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

#### WHAT IS THE STUDENT'S RACE? (Choose ANY that apply)

- |               |   |
|---------------|---|
| <b>Part B</b> | <input type="checkbox"/> <b>North American Indian or Alaskan Native</b> (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community attachment).<br><br><input type="checkbox"/> <b>South or Central American Native</b> (A person having origins in any of the original peoples of South or Central America).<br><br><input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).<br><br><input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa).<br><br><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Island</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).<br><br><input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa). |
|---------------|---|

Completed by (Please check one):    Parent    Student    School official

Date: \_\_\_\_\_