

STUDENT ENROLLMENT AND DATA FORM

GRADE _____

ENROLLMENT DATE _____

For Pre-K/Kindergarten Only: Participated in Imagination Library? Yes No

ADDRESS VERIFICATION _____

STUDENT'S NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

*Please check number to be used for Automated Phone Messages.

HOME NUMBER _____ MOM CELL _____ DAD CELL _____

ADDRESS _____

PARENT/GUARDIAN EMAIL ADDRESS _____

SEX: MALE FEMALE RACE: ASIAN/PACIFIC ISLANDER BLACK HISPANIC AMERICAN INDIAN WHITE

PREVIOUS SCHOOL _____

ADDRESS & PHONE NUMBER _____

FOR NON-U.S. CITIZENS, GIVE FIRST YEAR CHILD ATTENDED SCHOOL IN U.S. MONTH _____ YEAR _____

WHO DOES STUDENT LIVE WITH? _____ RELATIONSHIP _____

WHO HAS CUSTODY OF CHILD: BOTH PARENTS MOTHER FATHER OTHER (NAME/RELATIONSHIP) _____

ARE CUSTODY PAPERS ON FILE AT SCHOOL? YES NO NA

PARENT'S OR GUARDIAN'S NAME

EMPLOYER

WORK PHONE

HOW DOES YOUR CHILD GET TO SCHOOL? CAR BUS WALKER DAYCARE (SPECIFY) _____

HOW DOES YOUR CHILD GET HOME FROM SCHOOL? CAR BUS WALKER DAYCARE (SPECIFY) _____

BROTHER(S) OR SISTER(S) NAME(S)

AGE/BIRTHDATE

GRADE, IF ANY

*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEET

RELEASE AUTHORIZATION

PLEASE LIST ALL AUTHORIZED PERSONS (PARENTS, GUARDIANS, GRANDPARENTS, AUNTS, UNCLAS, FRIENDS, ETC.) TO WHOM YOUR CHILD MAY LEAVE WITH OR BE RELEASED TO.

AUTHORIZED PERSON

RELATIONSHIP TO CHILD

PHONE

—PLEASE TURN OVER, SIGNATURES ARE REQUIRED ON THE BACK OF THIS SHEET—

LEBANON SPECIAL SCHOOL DISTRICT

STUDENT'S NAME _____ **DATE** _____

List any special classes, programs, and/or activities that your child participated in at his/her previous school (*examples: special education classes, speech, Title I services, ESL services, advanced classes, sports/extracurricular activities, tutoring, etc.*):

Any other information that needs to be with school information:

MEDICAL/FIRST AID

I agree for the school to provide basic first aid and assistance for my child. If unable to locate either parent/guardian in the event of serious injury, I want the school to seek medical help for my child. YES NO

If YES, which doctor: _____ Phone Number _____

In case of an emergency notify _____ Relationship _____ Phone _____

Signature _____ Relationship to Child _____ Date _____

Is your child covered by medical insurance? No Yes, Insurance Company: _____

TEXTBOOKS

I hereby agree that I will be responsible for all free textbooks used by my child. I hereby further agree that I will reimburse the Lebanon Special School District Board of Education for the value of any book or books that are badly damaged, destroyed, or misplaced which my child has used during the scholastic year 2009-2010 in _____ (School) and the _____ (grade).

Signature _____ Relationship to child _____

DISCIPLINE CODE

I hereby acknowledge receipt of the Lebanon Special School District's DISCIPLINE CODE for the current scholastic year. I also acknowledge receipt of the Disclosure of School Directory Information Policy granting permission to use names, photographs, etc., for publishing in the media. If permission is not granted, I will request and fill out the form that is provided from the school.

Signature _____ Relationship to child _____

FERPA/DISCLOSURE OF SCHOOL DIRECTORY INFORMATION

I hereby **agree** to allow my child's name and/or picture to appear in the 1) school yearbook; 2) wherever the Honor Roll/Principal's List, awards/recognitions or school publicity matters are published (i.e. in local newspaper, school newsletter, district and/or school website, etc.) if he/she earns this honor or it is appropriate.

Signature _____ Relationship to child _____ Date _____