

Lisbon Exempted Village School District

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the release of confidential information regarding:

Name _____ Birth Date _____ Grade _____

From the files of: _____

Names of Previous School

Phone

Address/City/State/Zip

Fax

Send to: David Anderson Jr/Sr High School 6-12
260 West Pine Street
Lisbon, OH 44432
330-424-3215
330-424-1004 (fax)
chris.freeland@omeres.net

McKinley Elementary PreK - 5
441 East Chestnut Street
Lisbon, OH 44432
330-424-9869
330-424-9860 (fax)

Board Office
317 N. Market St.
Lisbon, OH 44432
330-424-7714
330-424-0135 (fax)

Has your child ever attended Lisbon schools? Yes No
Are you the legal guardian of this child? Yes No
Has your child taken the Ohio Proficiency Test? Yes No
Has your child ever received Special Education services or been involved in a Gifted Education Program? IF YES, SEE BELOW Yes No

SPECIAL EDUCATION SERVICES

_____ Attention Deficit Disorder
_____ Autistic Behavior
_____ Educationally Handicapped - Slow Learning
_____ Hearing Impaired or Deaf
_____ Hospitalized and/or Homebound
_____ Learning and/or Behavioral Disorders
_____ Physically Handicapped
_____ Severe Behavioral Handicaps
_____ Speech and/or Language Impairment
_____ Trainable Mentally Retarded
_____ Visually Impaired or Blind
_____ Developmentally Handicapped
_____ Other _____
_____ Gifted/Talented
_____ Cognitive (I.Q. 130+)
_____ Achievement (95% any content area)
_____ Creative Thinking (I.Q. 120+)
_____ Visual & Performing Arts - Music, Art, Drama

Start Date: _____

Office use Only!

Please send the following documents:

- ~ Grades to date of withdrawal, a copy of the most recent report card, Test scores, schedule, attendance records
- ~ Birth Certificate
- ~ Health/Immunization Records
- ~ Psychological Evaluations
- ~ Special Education Records, including most recent IEP, ETR, or 504 Plan
- ~ OGT Test Results - include dates and scores

_____ Student has moved into the Lisbon School District

_____ Student is attending Lisbon School District as an open enrollment student.

DATE _____

Signature of Parent/Guardian