

Lisbon Exempted Village School District
317 North Market Street
Lisbon, OH 44432

ONLINE EDUCATION REGISTRATION FORM

Date: _____

Resident Status:

Lisbon

Open Enrollment

Date Entered: _____

(Home School)

Grade: _____

Court Placed

School Last Attended: _____

(Jurisdiction)

Address: _____

Pupil's Name: _____
(Last) (First) (Middle)

Sex: _____

Present Address: _____

Phone: _____

City - Zip: _____

Date of Birth: ____/____/____

Place of Birth: _____
(City) (State)

Social Security Number ____/____/____

Ethnic Code: Asian Black or African Am. Hispanic /Latino American Indian or Alaska Native Native Hawaiian or Other Pacific Island White

Has your child ever attended Lisbon Schools? No Yes

Are you the legal guardian of this child? No Yes

Has your child ever received Special Education services? (On an IEP) No Yes

Has your child been involved in a Gifted Education Program? No Yes

Biological Father's Name: _____
(Last) (First) (Middle) Custodial Parent _____

Biological Mother's Name: _____
(Last) (First) (Middle) **(Maiden)** Custodial Parent _____

Present Address: _____ Phone: _____

Email: _____

Why do you want to make application for Online Education?

Highlighted items are very important!