



District Residency Verification Information

District: _____

Contact Name: _____

Email: _____

Phone: _____

Street Address: _____

Hours of operation: _____

Directions and Parking Information:

Documents required by this district to present in person to prove residency:

Does this district have its own residency verification paperwork that needs to be completed?

YES NO

(If yes, please send as an email attachment.)

Does the LEARN residency verification form need to be updated every school year?

YES NO

Any additional information that would help families prove residency in this district?

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

Child's Name DOB Child's Name DOB

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**

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.

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)

- | | |
|---------------|--|
| Part A | <input type="checkbox"/> NO , not Hispanic/Latino

<input type="checkbox"/> YES , 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)

- | | |
|---------------|---|
| Part B | <input type="checkbox"/> North American Indian or Alaskan Native (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community attachment).

<input type="checkbox"/> South or Central American Native (A person having origins in any of the original peoples of South or Central America).

<input type="checkbox"/> Asian (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).

<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa).

<input type="checkbox"/> Native Hawaiian or Other Pacific Island (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

<input type="checkbox"/> White (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: _____