

Lebanon Community School District
9-12 Student Information Form

Lebanon High School
2019-2020 School Year

SCHOOL LAST ATTENDED: _____ CITY: _____ STATE: _____

Inter-District Transfer? Yes No If yes, home district? _____

Student's **LEGAL** Name (Last, First, Middle) _____ Student's **PREFERRED** Name (Last, First, Middle) _____

Student's E-mail Address _____ Student's Cell Phone _____

Grade _____ M/F/X _____ Birth Date _____ Birth Place (City, State, Country) _____

Resident Address _____ City _____ Mailing Address (if different than Resident Address) _____

Home Phone _____ Unlisted? Yes No Mother/Guardian Cell Phone _____ Mother/Guardian E-mail Address _____

Mother/Guardian (Last, First, MI) Circle to indicate Mother or Guardian _____ Mother's Maiden Name _____ Living with? Yes No
Mother's home address if different: _____

Employer of Mother/Guardian _____ Occupation _____ Work Phone _____

Father/Guardian (Last, First, MI) Circle to indicate Father or Guardian _____ Father/Guardian Cell Phone _____ Living with? Yes No
Father's home address if different: _____ Father/Guardian E-mail Address _____

Employer of Father/Guardian _____ Occupation _____ Work Phone _____

ALL CHILDREN LIVING IN HOME:

Name: _____ Date of Birth: _____ School: _____
Name: _____ Date of Birth: _____ School: _____
Name: _____ Date of Birth: _____ School: _____

EMERGENCY CONTACT – OTHER THAN PARENT (To be called in order listed)

The following information is needed so that we can react to many and varied situations which occur during a school year. There are times when we are unable to contact you and must call on an EMERGENCY CONTACT person to whom you have given the authority to:
*Authorize the school to release your student in the event we are unable to reach you;
*And/or direct us in the handling of an emergency involving your child.

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____

Special Programs: Has student received any of the following services last year? (check if yes)

TAG _____ Special Education/IEP _____ Speech/Hearing _____ 504 Plan _____ English As A Second Language _____

Racial/Ethnic Category: Federal law requires the District to report this information. Information is used only for Federal reports and State reports. **This information is required.**

Is the student Hispanic/Latino? (choose only one) _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter what you select above please, continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (choose one or more)

_____ **American Indian or Alaska Native*** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

***Tribe:** _____ **Enrollment #:** _____

_____ **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.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Does anyone in your home speak a language other than English? Yes No If yes, what language? _____

Student Health Information: I have read the health section _____ (please initial)

Physician: _____ Phone Number: _____ Dentist: _____ Phone Number: _____

Is student covered under medical insurance? Yes No If yes, list name of company: _____

Does student have a problem with? (check if yes) **Hearing** _____ **Vision** _____ **Seizures** _____ **Diabetes** _____

Allergies (insect/food/medication) Specify: _____

Life threatening? Yes No If yes, describe: _____

Is medication required? Yes No If yes, what type: Epi-Pen _____ Oral (specify): _____

Asthma? Yes No Treatment required at school? Yes No If yes, describe: _____

Any daily medications? **At Home:** Yes No **At School:** Yes No List of medications: _____

Any other medical concerns? _____

I give LCSD Nurses and other health agencies (which may include vision, dental, hearing and blood pressure) to see my child for coordinated health screenings, which will include sharing directory information, so they may contact you with screening results. Yes No

Directory Information:

Directory Information Release Notice: The following categories are designated as directory information and may be released to the public through appropriate procedures: student's name; address (including electronic address); telephone listing; photograph; date and place of birth; major field of study; participation in officially recognized sports and activities; weight and height of athletic team members; dates of attendance; degrees or awards received; and most recent previous school or program attended. **Federal law requires that a student's name, address, and telephone number be released to military recruiters and colleges/universities unless you deny permission.**

Please answer the following directory information questions:

I give permission to publicize photos/videos showing participation in school-related activities (examples could include classroom projects assemblies, concerts, and sports). Media can include the school website, district website, newsletters, fliers, newspaper, television, as well as social media such as the District's Facebook, Twitter pages, and ClassDojo. This permission includes both name and image. Yes No*

***If you check No, this includes the yearbook, athletic rosters, awards and any District publications.**

If No, I give permission for my student's picture to appear in the yearbook only. Yes No

Please **DO NOT RELEASE** my student's name, address, and telephone number to: Military Recruiters Colleges/Universities

Other:

I give my permission for my student to be transported in a school employee's vehicles. Yes No

I give my permission for emergency room personnel to treat my student. Yes No

I give my permission for my child to participate in school organized and supervised field trips. Yes No

I give my permission for my child to view G, PG, and PG-13 movies. Yes No

During the school year my student had a parent or guardian who was:

♦ Full time Army, Navy, Air Force, Marine Corps, Coast Guard active Duty or training duty. ♦ Full time National Guard member(s).

♦ Active Duty Reserves (180 consecutive day's active duty). ♦ Dual Status Military Technicians. Yes No

NON-CUSTODIAL PARENTS STATEMENT: Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary. **Are there any restraining orders to protect the student?** Yes No (If yes, a copy of the restraining/court order **must** be provided for school records.)

Parent/Guardian Signature: _____ **Date** _____