



# LHS Move-In Log

Today's Date: \_\_\_\_\_

*Home of the Warriors*

Student Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Male (M):\_\_ Female (F) \_\_ Non-binary (X) \_\_

Parent/Guardian Names: \_\_\_\_\_ (email) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Last School's Location: City \_\_\_\_\_ State \_\_\_\_\_

**PLEASE NOTE:** The registration process may take twenty-four to forty-eight hours from the time the parent completes this form until they actually start class. Providing the following information will help Lebanon High School make the best education placement for your student.

**Health/Medications:**

Are there any health concerns the school needs to know about?	Yes	No
If so, what? _____		
Are you currently on medication?	Yes	No
If so, what? _____		

**Educational Background:**

Have you been identified for Special Education or have an IEP?	Yes	No
Have you had a class in a learning center or resource room?	Yes	No
Have you been in an alternative program in the last two years?	Yes	No
Have you been identified for a 504 plan?	Yes	No
Have you been home schooled?	Yes	No
Have you always been homeschooled?	Yes	No

**If you circle Yes, you must provide a copy of your immunizations now. We cannot register a student without this.**

Have you been identified for TAG (talented & gifted)	Yes	No
Were you born outside the United States?	Yes	No
If Yes, what date did you enter the United States? _____		
Were you suspended during the past year?	Yes	No
If "Yes", for what? _____		
Were you expelled during the past year?	Yes	No
If "Yes", for what? _____		
Do you have a Probation Officer?	Yes	No
If "Yes", name of the Probation Officer _____ and		
The City and State _____		
Have you been in an alcohol & drug treatment program?	Yes	No
If "Yes", where and when? _____		
Have you been in a behavioral treatment program?	Yes	No
If "Yes", where and when? _____		

Original – Registrar

**Health/Medications:** If any question answered "Yes" send a Copy to School Nurse

**Ed. Background:** If any question answered "Yes" send a Copy to Counselor & Special Education Secretary