LEBANON MIDDLE SCHOOL

Chad Johnson, Principal
P: (860) 642-4702
891 Exeter Road Lebanon, CT 06249
F: (860) 642-3534

Welcome to Lebanon! Attached you will find our enrollment packet for your child enrolling in Lebanon Middle School. The following forms are attached:

Authorization For Release 0f Student Information: Please complete this form and return it as soon as possible so that we may request your student's records from their current school.

School Calendar: The school calendar will let parents know when school vacations, professional days or students will have early-release.

Enrollment Form: This information will be entered into the student database. It is important that we have all telephone numbers and email addresses accurate for communication purposes.

Home Language Survey: A brief survey regarding primary home language in reference to services that could potentially be offered through the school.

Residency Requirements: Please be sure that this form is returned to the school along with the required 2 proofs of residency. Without these documents your child's admission to LMS can be delayed.

Emergency Form: Please fill out both sides. This form will be kept in the Health Office as well as sent on field trips in case parents need to be contacted.

Bus Route Request: Please complete the top half of the form (except for Student ID Number) and retum to the Middle School Office. We will notify you once we hear back from the bus company.

Chromebook Permission: Every student at LMS is assigned a Chromebook for academic use. A permission slip must be signed by both parent/guardian and student. Insurance is optional. The website for insurance is only active the first month of school. If you are registering mid—year, insurance can be added through the school directly.

Free & Reduced Lunch: This is optional to complete. Please contact Chelsea Williams in Central Office at 860-642-5637 with any questions.

All forms must be completed before your child begins school, as well as copies of your child's birth certificate, immunization records, grades and achievement/mastery test results from their sending school. Also, special education records should be sent prior to your child's enrollment. New student orientation will be held mid—August and is mandatory for both parents and students.

**Please note that if your student registers after the first day of school, the Parent and Student Acknowledgment of the Student Handbook and the District's Computer System, Internet Safety and Social Networking Policies must be signed, along with our DO Not Photograph Form if required.

LEBANON MIDDLE SCHOOL
891 Exeter Road, Lebanon, CT 06249
Telephone: (860) 642-4702
Fax Number: (860) 642-3534

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: _____
First Name Middle Name Last Name

Grade Registering for: _____ Date of Birth: _____

Address: _____
Street (do not list P.O. Box as a street address)

_____
Town State Zip Code

I give permission to:

_____
Name of School

_____
Street

_____
Town State Zip Code

Phone: _____ Fax: _____

to forward the following information to:

Tiffany Steele
Lebanon Middle School
891 Exeter Road
Lebanon, CT 06249

1. Cumulative Records including Report Card, Birth Certificate, Test Scores, Attendance, Discipline
2. Current Immunizations/Health Records
3. Special Education Records (if any)
4. 504 Records (if any)
5. Psychological Records
6. Other: _____

_____ _____
Parent/Guardian Signature Date

LEBANON PUBLIC SCHOOLS
2026 / 2027 CALENDAR

AUGUST 2026 - 4 days

M	T	W	TH	F
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER 2026 - 21 days

M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER 2026 - 20 days

M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER 2026 - 17 days

M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER 2026 - 17 days

M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY 2027 - 19 days

M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Important Calendar Dates

August 21 - New Staff

August 24 - Convocation

August 25 - Professional Development

August 26 - School begins for all students, Early Dismissal

September 7 - Labor Day, District Closed

October 2 - Professional Development

October 12 - Indigenous Peoples' and Columbus Day, Dist. Closed

November 2 - Early Dismissal All Students

LES, LMS, LMHS Parent Teacher Conferences

November 3 - No School All Students

LES, LMS, LMHS Parent Teacher Conferences

November 11 - Veterans Day, District Closed

November 25 - Early Dismissal

November 26-27 - Schools Closed, Thanksgiving Break

December 23 - Early Dismissal

December 24 - January 1 Schools Closed

January 14-20 - Early Dismissal LMHS (Exams)

January 18 - Martin Luther King Day, District Closed

February 12 - Professional Development

February 15 - Presidents' Day, District Closed

February 16 - Schools Closed

March 5 - Professional Development

March 24, 25 - Early Dismissal All Students

LES, LMS, LMHS Parent Teacher Conferences

March 25 - No PM PreK

March 26 - Good Friday, District Closed

April 12-16 - Schools Closed, April Break

May 7 - Early Dismissal All Students, Afternoon P.D.

May 31 - Memorial Day, District Closed

June 4-9 - Early Dismissal LMHS (Exams)

June 8-9 - Early Dismissal All Students

June 9 - Last day for students

Indicates Holiday/District Closed

Indicates No School

Indicates Prof. Dev. / Conferences
No School for Students

Indicates Early Dismissal: All Students

Indicates Early Dismissal: LMHS Only

FEBRUARY 2027 - 17 days

M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

MARCH 2027 - 21 days

M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL 2027 - 17 days

M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY 2027 - 20 days

M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE 2027 - 7 days

M	T	W	TH	F
	1	2	3	4
7	8	9		

If five school days are cancelled due to inclement weather, etc. prior to March 1st, additional school closing days will be made up during April vacation beginning on April 16th.

180 Student Days
186 Teacher Days

BOE Approved:11/18/2025

Important Calendar Dates 26-27

FIRST DAY OF SCHOOL FOR STUDENTS IS AUGUST 26th, 2026

LMS OPEN HOUSE - Thursday, September 10th, 5:30pm-7:30pm

LMS FACULTY MEETINGS
In LMS Library at **2:20** on the first Thursday of the month

LMS PLC MEETINGS
Various Locations at **2:20** on the third Thursday of the month

LMS TEAM LEADER MEETINGS

Second and Fourth Tuesday of the month at 2:25 in Room 6 (Archer)

PROFESSIONAL DEVELOPMENT DAYS

August 24th, 25th
October 2nd
February 12th
March 5th
May 7th (half day)

FALL PARENT-TEACHER CONFERENCES – Monday, November 2nd & Tuesday, November 3rd

SPRING PARENT-TEACHER CONFERENCES – Wednesday, March 24th & Thurs. March 25th

Progress Reports Closing Dates & Marking Period Closing Dates

Progress Reports	End of Marking Period
September 28th, 2026	October 30th, 2026
December 7th, 2026	January 15th, 2027
February 22nd, 2027	March 25th, 2027
May 10th, 2027	Last Day of School

LMS PTO – 7:00 p.m.
Lebanon Middle School Library Media Center
Meets the 2nd Wednesday of the month

BOARD OF EDUCATION – 7:30 p.m.
Lyman Memorial High School Library Media Center
Meets the 2nd Tuesday of the month

Lebanon Middle School Student Enrollment Form

I. STUDENT INFORMATION ***Please provide a copy of student's birth certificate**

Student's Legal Name: _____
Last First Full Middle

Resident Address: _____
House # Street

Mailing Address:
_____
(If different from above)

Male:____ Female:____ Grade: ____ Date of Birth: _____ Place of Birth: _____

Is the Student Hispanic/Latino?: Yes____ No____

What is the Student's Race?:
____ North American Indian or Alaskan Native ____ Native Hawaiian/Other Pacific Islander

____ Asian ____ White ____ Black or African American

Is the Student a Foster Child?: Yes____ No____ *If yes*, Case Worker's Name:_____

Has the student received CT Migratory Children Services?: Yes____ No____

In the past 2 years, has the parent/guardian worked in an agriculture related field?: Yes___ No____

Is the parent/guardian a member of the U.S. Armed Forces?: Yes____ *Branch:*_____ No____

Other minor (to age 18) children in the family (names and birth dates)

_____ _____ _____ _____
Child's Name DOB Child's Name DOB

_____ _____ _____ _____
Child's Name DOB Child's Name DOB

II. PARENT INFORMATION

Student is living with (check space(s)): ___mother; ___father; ___step-mother; ___step-father; ___guardian; ___relative; ___friend; ___foster parent

Parent/Guardian: _____ Relationship: _____
Employer: _____ Occupation: _____
Phone numbers - Home: _____ Cell: _____
Work: _____
E-mail: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Occupation: _____

Phone numbers - Home: _____ Cell: _____

Work: _____

E-mail: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Occupation: _____

Phone numbers - Home: _____ Cell: _____

Work: _____

E-mail: _____

If parents are divorced/separated, 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:*

Name: _____ Relation: _____

Address: _____ Town: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

III. Educational Information_____

Name of last school attended: _____

Address: _____

Last Grade Completed: _____ Dates Attended: _____

Does the student receive/has received Special Education Services?: Yes____ No____

Does the student receive/has received 504 Accommodations?: Yes____ No____

Other Services received the school should be made aware of?: _____

Person completing this form: _____ Relationship:

_____

Parent/Guardian Signature: _____ Date:

_____

LEBANON MIDDLE SCHOOL

Chad Johnson, Principal
P: (860) 642-4702

891 Exeter Road Lebanon, CT 06249
F: (860) 642-3534

CT Home Language Survey

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

_____

Student Information

Student Name:

Country of Birth:

Date of Birth:

Date first enrolled in any US schools:

1. What is the primary Language used in the home, regardless of the language spoken by the student.

2. What is the language most spoken by the student?

3.What is the language the student first acquired?

4. What Language would you prefer for written communication from the school?

5. Will you require interpretation/translation at Parent/Teacher meetings?

_____

Parent/Guardian name (please print)

_____ _____

Parent/Guardian Signature Date

Recommended HLS Guidance prepared for CT SDE by Home Language Survey Working Group, 12/2015

Facilitated by REL Northeast and Islands). Not official.

LEBANON MIDDLE SCHOOL
891 EXETER ROAD
LEBANON, CT 06249

TELEPHONE: (860) 642-4702 **FAX NUMBER: (860) 642-3534**

RESIDENCY FORM

Date _____

Parent/Guardian Name _____

Residence Address _____
(legal street address)

Mailing Address _____
(please fill out if P.O. Box is used)

Type of residence _____ New

If new dwelling, provide a copy of "Certificate of Occupancy" which must be dated and signed by the Town Inspector. Also, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency.

_____ Existing

If existing dwelling, copies of any paper work showing the legal address of the dwelling should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address, mortgage paperwork. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

_____ Rental

If renting, copies of the lease should be submitted as proof of residency. Examples of paperwork are utility bill, photo identification (drivers license) with Lebanon address. If you do not have a current utility bill, you can contact the utility company and they will write a letter stating that service has been established at the residence.

Please fill in the date that actual occupancy took place _____

Students are not allowed to attend Lebanon Public Schools until sufficient proof of residency has been established. Any student found attending school but not actually living in said residence, can be removed from school until actual residence has been established. Tuition may be charged at the discretion of the Superintendent's Office.

Signature of Parent/Guardian _____ Date _____

LEBANON PUBLIC SCHOOLS
Lebanon Middle School
Jennifer Rahl, R.N.
jennifer.rahl@lebanonct.org
(860) 642-5630
Fax: (860) 642-3534

STUDENT EMERGENCY INFORMATION

STUDENT NAME: _____ GRADE _____
Last First

STUDENT ADDRESS: _____
Street Town

HOME PHONE: _____ BIRTHDATE (MM/DD/YY): ____/____/____

PARENT / GUARDIAN INFORMATION

Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

Step-Parent/Guardian: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Work Phone: _____
Employer: _____ Occupation: _____

EMERGENCY CONTACTS

List two (2) neighbors or relatives who will assume temporary care of your child if you cannot be reached. (They must drive and be at least18 years old.)

1. Name/Town_____Relationship_____Phone: ( )_____
2. Name/Town_____Relationship_____Phone: ( )_____

Does your child have health insurance **Yes / No**
If not, would you like information involving the Connecticut Husky Plan? **Yes / No**

AUTHORIZATION FOR FIRST AID, MEDICAL TREATMENT, TYLENOL/ADVIL OR OTHER MEDICATIONS

In case of accident, illness or injury, I grant permission for school personnel to administer first aid or secure medical treatment for my child. In case of emergency, your child will be taken to the nearest medical facility.

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

I grant permission for generic forms of Tylenol or Advil or Tums to be administered to my child.

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

If your child has a life threatening allergy or a serious medical condition that may require emergency care or special procedures at school, please telephone school nurse directly prior to beginning of the school year, at time student enrolls, or as soon as diagnosis is made so plans for care can be developed.

Student Allergies	**Chronic Illnesses or Medical Conditions (list)**	**Medications (list) Include medications taken at home**
Has student been prescribed epinephrine (EpiPen or Twinject) for a life threatening allergy? Y____ N____ If yes list allergy: _____ Other Allergies:_____	_____ _____ _____	_____ _____ _____

Please turn over and fill out reverse side

LEBANON PUBLIC SCHOOLS
ANNUAL HEALTH SUMMARY

STUDENT NAME: _____**GRADE:**_____

Student's Physician: _____Phone: (____)_____

Please check the following illnesses or conditions that apply:

☐ Frequent colds
☐ Sore throats
☐ Ear Infections/hearing impairment
☐ Seizure disorder
☐ Heart
☐ Kidney
☐ Diabetes
☐ Migraines / frequent headaches
☐ Other _____
☐ Asthma .

For asthma only - If checked, please rate severity level
☐ mild intermittent ☐ mild persistent
☐ exercise induced ☐ severe persistent

☐ Bone Fractures
☐ Dislocations/Sprains
☐ Scoliosis
☐ Weight Problems
☐ Recent Surgery/hospitalization
☐ Concussion/Head injuries
☐ Frequent nosebleeds
☐ High blood pressure
☐ Skin conditions

Allergic to:
☐ Animals
☐ Drugs
☐ Foods_____
☐ Milk, Milk products
☐ Bee stings
☐ Environmental allergies (dust, pollen, grass, etc)
☐ Other Allergies
Epinephrine prescribed? (Y___ N____) If yes, list allergy _____

Please explain any conditions checked above:

_____

_____

Is there any other condition pertaining to your child's health you would like to bring to the attention of the school nurse? (Please include any major health changes in last year.)

_____

_____

- Has your child had a tetanus booster in the past year? Y_____N_____ If yes, date_____
- Does your child wear glasses or contacts? Y_____N_____ for Distance ____ Reading ____

Will your child need to take medication at school. Y_____ N_____ List med._____

Connecticut State Law requires a written medication order signed by an authorized prescriber and parent/guardian be submitted for any medication administered at school or any medication authorized to be self-carried by student (inhalers & Epinephrine by older students). Contact school nurse for more information, or if forms are needed.

I have reviewed the above information and completed it to the best of my knowledge.

Parent/Guardian Signature_____ Date_____

LEBANON MIDDLE SCHOOL

891 EXETER ROAD

LEBANON, CT 06249

TELEPHONE: (860) 642-4702 FAX NUMBER: (860) 642-3534

BUS ROUTE REQUEST

To: M & J Date _____

Lebanon, CT 06249

Reason for Request:

New Student_____ Date of Enrollment_____

Student Withdrawal_____ Date of Withdrawal _____

Other _____

Request applies to:

Student Name _____

Parent/Guardian Name _____

Residence Address _____

(legal street address)

Student Telephone Number _____

Grade _____

Student ID Number _____

Please fill out and fax back to LMS Main Office. Parents will be notified of bus information

Faxed to M & J on _____ by _____

Bus Number _____ Pick Up Time _____ Drop Off Time _____

Student will be picked up at: _____

(i.e. end of driveway, corner of street, different house #)