

# Lincoln Community School Registration Information 2024-2025

## STUDENT INFORMATION (all students can be listed on this form):

Today's date: \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address: \_\_\_\_\_

### Child #1 Full Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

### Child #2 Full Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian Name 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address 1: \_\_\_\_\_

Telephone 1: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address 2: \_\_\_\_\_

Telephone 2 : (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Child lives with:

Both Parents

Parent 2

DCF Custody

Parent 1

Other: \_\_\_\_\_

If parents are divorced, who has legal custody? \_\_\_\_\_ Date of divorce decree: \_\_\_\_\_

Additional sibling's First & Last Names	Gender	Date of Birth	School (if applicable)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY CONTACT INFORMATION:** if parent/guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## ADDITIONAL STUDENT INFORMATION (optional)

*This information is not required but can be helpful in planning programming for your child. Please submit one per child.*

Student name: \_\_\_\_\_

### Race/Ethnicity:

Child's Race/Ethnicity (check all that apply)

- White
- Asian
- Black/African American
- American Indian or Alaskan
- Native Hawaiian/ Pacific Islander
- Other (please specify): \_\_\_\_\_

Is your child Hispanic or Latino?

- Yes
- No

### Language(s):

Child's First Language:

- English
- Other: \_\_\_\_\_

Languages (other than English) spoken at home: \_\_\_\_\_

### Learning Profile:

My child has been assessed by a licensed professional (pediatrician, psychologist, speech and language pathologist, occupational therapist, etc.) and the results indicate that my child has a:

- Learning delay
- Speech delay/concern
- Other disability: \_\_\_\_\_
- Not applicable

Does your child have an Instructional Plan (e.g. IFSP, IEP, 504, EST) for special needs, including speech:

- No
- Yes (please specify) \_\_\_\_\_  
If yes, please list case manager's name: \_\_\_\_\_

**Services:** Please check any services your child or family is already receiving:

- |  |   |
|--|---|
| <input type="checkbox"/> Special Education/EEE: _____                | <input type="checkbox"/> Dr. Dynasaur/Medicaid                |
| <input type="checkbox"/> Addison County Parent Child Center (PCC)    | <input type="checkbox"/> Vermont Adult Learning (VAL)         |
| <input type="checkbox"/> Child Care Financial Assistance (subsidy)   | <input type="checkbox"/> Reach Up                             |
| <input type="checkbox"/> Department of Children and Families (DCF)   | <input type="checkbox"/> Free/Reduced Lunch                   |
| <input type="checkbox"/> Counseling Service of Addison County (CSAC) | <input type="checkbox"/> 3 Squares VT                         |
| <input type="checkbox"/> Head Start                                  | <input type="checkbox"/> Children's Integrated Services (CIS) |
|  | <input type="checkbox"/> Other: _____                         |
|  | <input type="checkbox"/> WIC                                  |

## FIELD TRIPS PERMISSION

Student name(s): \_\_\_\_\_

Lincoln Community School's curriculum focuses on learning about our local natural and human communities. We believe that field studies are an integral part of students' educational experience. Instead of requiring written permission for each trip, we're giving you the opportunity to give permission for all field trips. Teachers will continue to send information ahead of time about field trips and parents may always decline permission for an individual trip.

\_\_\_\_\_ Yes, I give standing permission for my child \_\_\_\_\_ to go on **all** field trips including walking, riding a bus and riding with an insured driver who has completed a safety checklist.

\_\_\_\_\_ No, I do not give standing permission for my child \_\_\_\_\_ to go on **all** field trips; please contact me before every trip.

Signed \_\_\_\_\_ Date \_\_\_\_\_