



# **Are you an adult raising a child other than your own on a full-time basis?**

Lebanon City Schools would like to learn how to better support you.

We would like to offer assistance to your family.

For more information, please complete this form and return to your student's school.

Caregiver Name: \_\_\_\_\_

Student Name/Grade: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Lynn Payne, Resource Coordinator, 513.934.5321 or [payne.lynn@lebanonschools.org](mailto:payne.lynn@lebanonschools.org)) with  
any questions.