

# Enrollment Information Form

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*To better serve you and your child, please check the appropriate boxes if your child is currently participating in any of the following programs. Thank you for your assistance.*

\_\_\_\_ Special Education

*Your child must have a current Individualized Educational Plan (IEP).*

*Please provide us with a copy of your child's latest IEP.*

\_\_\_\_ RSP    \_\_\_\_ Speech    \_\_\_\_ ESL    \_\_\_\_ GATE    \_\_\_\_ INTERVENTION

\_\_\_\_ Counseling (Comments: \_\_\_\_\_)

*Please provide any supporting documentation.*

\_\_\_\_ 504 Plan (Comments: \_\_\_\_\_)

*Please provide any supporting documentation.*

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*Please check all items that apply and add any comments.*

\_\_\_\_ Medical Needs: \_\_\_\_\_

*Ask us for an "Administration of Medication at School Form," if needed.*

\_\_\_\_ Custody Issues

*Please provide any supporting documentation.*

Comments: \_\_\_\_\_

Academics: My child is performing \_\_\_\_ above, \_\_\_\_ at, \_\_\_\_ below grade level.

\_\_\_\_ Are there any behavioral issues that we should be aware of?

Comments: \_\_\_\_\_

\_\_\_\_ My child was retained in \_\_\_\_\_ (grade). Comments: \_\_\_\_\_

\_\_\_\_ I can volunteer in my child's classroom. Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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Parent/Guardian Signature

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Date