

SPECIAL EDUCATION ENROLLMENT FORM

Student Name: _____

ID#: _____ Birthdate: _____ Grade: _____

Is your student receiving Special Education Services?

Yes

No

Unsure

Under Assessment

If Yes - Please attach the following documents:

1. IEP
2. Any additional documents (Psychiatrists Report, Behavior Support Plan)

Guardian Signature: _____

For Office Use Only

<p>Classes Assigned:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>IEP Date: _____</p> <p>Case Manager: _____</p> <p>Cases Assigned By: _____</p>	<p>Registrar:</p> <p>Funding Category:</p> <p><input type="checkbox"/> 10 – Reg <input type="checkbox"/> 19 – SDC</p> <p><input type="checkbox"/> Status: _____</p> <p><input type="checkbox"/> Primary Disability: _____</p> <p>Program:</p> <p><input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> ED</p> <p><input type="checkbox"/> Flagged</p> <p><input type="checkbox"/> User Warning: _____</p> <p>Initial: _____</p> <p>9th Period Scheduled: _____</p>
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