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**RANKIN COUNTY SCHOOL DISTRICT**

**Child Find Request**

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| **Student Name:** | **DOB:** | | **Gender:** |
| **RCSD School:** | **MSIS #:** | | **Grade:** |
| **Parent/Guardian’s Name:** | | **Phone:** | |
| **Address:** | | | |
| **Email:** | | | |
| **Primary language spoken in the home:** | | | |
| **Child’s Physician and Clinic Name:** | | | |

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| **Type of Request: ☐ Parent ☐ TST ☐ 504 ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Special Education ruling (this includes Language/Speech)? ☐ Yes ☐ No**  **If yes, list area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Concerns/additional information** |

***\*If this is a school referral the Principal’s Checklist for MET Meeting Consideration must be attached.***

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Principal signature Date