DEXTER COMMUNITY SCHOOLS
7714 Ann Arbor Street, Dexter, Michigan 48130
www.dexterschools.org
(734) 424-4100

NEW STUDENT PARENT INPUT

Student's Name: _____

Parent Name: _____

Please write a brief paragraph telling us about your child's academic, social, and emotional needs.

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For Office Use Only: **Shared with Teacher/Teaching Team** _____ _____
Initials *Date*

(form revised 2/2016)