

Student's Name: _____ Date completed: _____

To: Parents or Guardians Enrolling New Student(s)

Please circle the answer to the following questions so that we may better serve the needs of your child by providing the appropriate educational opportunities and services.

1. Has your child ever received services through an Exceptional Children's program?
(Examples: Special Education for Learning or Behavioral Disabilities, Speech, Therapy or Academically Gifted programs).

No

Yes (if yes, state type of service)

2. Does your child have a current or recent Individual Education Plan (IEP) or (DEP)?

No

Yes (if yes, please bring a copy to the school)

3. Do you have any custody papers for your child?

No

Yes (if yes, please bring a copy to the school)

Ethnicity:

Are you of Hispanic or Latina ethnicity—a person of Cuban, Mexican Puerto Rican, South or Central America, or other Spanish culture regardless of race?

No

Yes

Race:

Please check one or more of the racial group(s) with which you identify.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native
 Asian
 White

Parent's/Guardian's Signature

Date