MADISON-CHAMPAIGN E.S.C. **Student Reporting for Billing**

PUPIL'S LEGAL NAME: ________________________|________________________|______________________
(Last) (First) (Middle)

SEX: _____ DATE OF BIRTH: _________________ GRADE LEVEL: _____

DISTRICT OF RESIDENCE ____
(DOR of Parent w/custody or Court Assigned Financially Responsible District)

SENDING DISTRICT ________________________________
(District **sending** child to ESC Program. [not the physical location of classroom]
This is the District which will be billed by the ESC for costs associated with this child)

E.S.C. PROGRAM: (Mark One)

___ Mac-a-Cheek ___ MD-Champaign ___ Autism-Champaign ___ Alternative School – Champaign

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Complete below only the applicable section (Enrollment, Withdrawal, Change of District):

___ **New Enrollment** ___ **Re-Entry**

Effective Date of Enrollment or Re-Entry: _____________________

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___ **Withdrawal** (Exited ESC Program; Including Graduated)

Effective Date of Withdrawal: ________________________

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___ **1:1 Service** Date Service Started: ________________

Name of Employee Providing Service: _________________________ Date Service Ended: ________________

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___ **Change of District** (Enter Districts to be billed [Sending Districts] Effective dates of change):

FROM ______________________________ School District as of ______________________

TO _________________________________ School District as of ______________________

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Complete Class Schedule on Reverse Side *(Although not required for ESC records this will facilitate transfer of information needed by the Local District)*

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For E.S.C. Office Use Only *For E.S.C. Office Use Only*

_____ Entered in Program Student Database _____ If 1:1 Service, Entered in Billable Services Database

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E.S.C. STUDENT CLASS SCHEDULE

School Year: _____

Student Name: _____ **Grade: _____**

Students in Grades KG-12 enrolled for instruction in E.S.C. Classes must have attached to this form, or listed below. a copy of their class schedule indicating the course/subject name and the E.S.C. Teacher name.

ESC TEACHER NAME	COURSE / SUBJECT NAME	*Suggested EMIS COURSE CODE*	Teacher HQT Status