



Innovations International Charter School of Nevada Student Information

Please complete the following information thoroughly. This gives the office staff the information needed to complete the enrollment process for your child.

Last Name	First Name	Middle Initial
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Student ID Number	Gender	Date of Birth	Grade Level to Attend
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Student's Physical Home Address	City	State	Zip Code
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Last School Attended	Last Grade Level Completed
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Is the student (25%) American Indian or enrolled in a tribe? Yes Tribal Name: _____

Home Language Survey

First Language (s) Learned By Student:	<input type="checkbox"/> English	<input type="checkbox"/> ASL/Deaf	<input type="checkbox"/> Other: (List) _____
Language Spoken By Student With Friends	<input type="checkbox"/> English	<input type="checkbox"/> ASL/Deaf	<input type="checkbox"/> Other: (List) _____
Language (s) Used In The Home:	<input type="checkbox"/> English	<input type="checkbox"/> ASL/Deaf	<input type="checkbox"/> Other: (List) _____
Language For School Correspondence:	<input type="checkbox"/> English	<input type="checkbox"/> ASL/Deaf	<input type="checkbox"/> Other: (List) _____

Specialized Student Services (Please check those that apply)

Has the child ever received special education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child have a current IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Section 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child under a physician's care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have a current Response to Intervention plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been retained in school? What grade level? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any academic concerns for your child? If so, please place them on the lines below.
