

Choose one: New Student **Info Change** **and Reason for Change:** _____

Date of Completion: _____ Child's approximate weight (lb.): _____

Choose one: Early Intervention _____ and EIOD _____ or Preschool _____

Special Needs: WHEELCHAIR OXYGEN STROLLER OTHER (SPECIFY): _____

Child's Legal Last Name: _____ First: _____ M.I. _____

Sex: M F DOB (mm/dd/yyyy): _____

Legal Address: _____ Town: _____ Zip Code: _____

School District: _____

Parent/Guardian (or Foster Parent):

_____ Home Phone: _____ Cell: _____ Business: _____ Email _____
 Mother

_____ Home Phone: _____ Cell _____ Business: _____ Email _____
 Father

Program: _____ Address: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Choose one: Round Trip **Pick-up only** **Drop-off only**

EI - PICK-UP: M T W TH F

EI - DROP-OFF: M T W TH F

Pick up- If other than legal address		Drop off – If other than legal address	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
PHONE	CELL	PHONE	CELL
Additional persons authorized to receive child (MUST PRESENT ID)			
NAME:		RELATIONSHIP	CELL
NAME:		RELATIONSHIP	CELL
NAME:		RELATIONSHIP	CELL
Emergency Contact for child		Emergency Contact for child #2	
NAME		NAME	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
CITY		CITY	
PHONE	CELL	PHONE	CELL

Based on the route and/or the location of provider, school routes can be up to 60 minutes one way.

 SIGNATURE OF SCHOOL DISTRICT /REPRESENTATIVE or

 DATE

 PARENT/GUARDIAN/SUROGATE SIGNATURE

 DATE