

FLEETWOOD AREA SCHOOL DISTRICT

Student Registration Assistance Form

Student Name: _____

Did your child receive special assistance, instruction or services in his/her previous school?

_____ YES (Please check all that apply)

_____ NO (Please just sign and date at bottom)

Regular Education Support Services

_____ English as a Second Language Services

_____ Alternative Education Where: _____

_____ Other: _____

Special Education Services

_____ Learning Support (please specify) _____

_____ Lifeskills Support (please specify) _____

_____ Emotional Support (please specify) _____

_____ Speech & Language Support (please specify) _____

_____ Gifted Support (please specify) _____

Other Services

_____ Occupational Therapy (please specify) _____

_____ Physical Therapy (please specify) _____

_____ Behavior Intervention Plan (please specify) _____

_____ Nursing Services (please specify) _____

_____ Other (please specify) _____

_____ My child has missed an extended amount of school due to illness or other reasons _____

Parents Signature _____ Date _____

Parents Signature _____ Date _____