

## LIEP Student Enrollment Form

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ PA Secure ID: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 District of Residence: \_\_\_\_\_ Placement: \_\_\_\_\_  
 IEP Yes No Primary Exceptionality: \_\_\_\_\_

### English Learner Information

Home Language: \_\_\_\_\_  
 EL Program Start Date: \_\_\_\_\_ LIEP Type: \_\_\_\_\_  
 EL Status (PIMS Code): \_\_\_\_\_  
 Immigrant Yes No Years in US schools: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### Assessment Information

Participates in PSSA PASA Keystones  
 Accommodations (List all) \_\_\_\_\_  
 Participates in WIDA ACCESS Alternate ACCESS  
 Accommodations (List all): \_\_\_\_\_

### Primary Parent or Legal Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Translator Needed Yes No Materials in another Language Yes No

What language? \_\_\_\_\_

## Secondary Parent or Legal Guardian

First Name

Last Name

Address

Phone:

Email:

Translator Needed    Yes    No    Materials in another Language    Yes    No

What language?

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### Student Forms *(Paste links in each field)*

Home Language Form

IEP

WIDA Scores

Other documents

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### Service Time

Type of Service Requested	In-person	Virtual
Minutes Requested		Frequency
Monitor/ Consult Only	Yes    No	Frequency
Possible Reclassification	Yes    No	Services to begin
Request Made by:		Date of Request:
Comments:		

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### OFFICE USE ONLY

Completed by:

Date:

Sent to Data Team:

Uploaded:

Teacher Assigned:

Rostered:

Documents Uploaded:

Uploaded to Talking Points