

Student Name _____ DOB _____ Grade _____

Parent(s)/Guardian (s) Names _____ Phone _____

1. With whom and where is student currently living? Fulltime? Yes or No Address?

2. Are there any restrictions in sharing information with a non-custodial parent?

3. What is the most recent previous school student was enrolled? (name, where, contact info)

4. Is student currently enrolled? _____ If not, when withdrawn? Date? _____

5. Is student currently suspended or expelled from another school? _____ If so, what are the effective dates and what is the reason? _____

6. Has truancy ever been reported? _____

7. Does student have a Section 504 Plan, IEP, or is he/she receiving other special education services?

8. Does student have a life-threatening health condition, (diabetes, allergies requiring an Epi pen, asthma, history of seizures)? _____

a. What is the nature of the condition? _____

b. Is there a current health plan? _____

9. Does student take medications at school? If yes, what medications? _____

Additional Notes: _____

_____ Please Sign _____

Documents Needed

Transcript	IEP or 504 (if applicable)	Immunization record
State standardized test scores	Attendance record	Discipline record

