

Enrollment Information Form

1. Student Name _____ Enrolling School _____
2. Student DOB _____ Current Grade _____ Today's Date _____ Date of Enrollment _____
3. Parent/Guardian Name _____
4. Current Address _____

5. Daytime Phone: _____ Home Phone _____
6. Previous School (Include City & State) _____

7. Does the student have a current IEP (Individual Education Plan)?
(Circle One) Yes No Unsure
8. Does the Child have a 504 Plan? (Circle One) Yes No Unsure

ANSWER THE FOLLOWING IF YOU CIRCLED YES TO QUESTION 7 OR 8

Please list all services your student was receiving at their previous school.

Please list any interventions/accommodations your student was receiving.

If your student was in special education, what was the educational eligibility (if known)?

Was he/she receiving any other services such as speech, occupational therapy and/or physical therapy?

Please list any additional comments or concerns that could assist with your student's educational planning?

For Office Use Only

If the student is in special education, please forward this document IMMEDIATELY to PCSS attention Helen.