

NEW STUDENT

Student's Name: _____

Grade: _____ Birthday: _____

Parent/Guardian/Contact name: _____

Address: _____

Phone Number: (H) _____ (C) _____ (W) _____

Transportation AM: _____ PM: _____

Bus Designee(s) for 5K/1st grade pickup:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Former School: _____

Former Teacher: _____

City and State: _____

Phone Number: _____

Please check the information that pertains to your child:

Sp. Education Resource: _____ 504 Plan: _____

Speech: _____ IEP: _____

ESOL: _____ Gifted Program: _____