

SOUTHWEST LICKING LOCAL SCHOOLS

SPECIAL EDUCATION REGISTRATION

NAME _____ NICKNAME _____
Last First Middle

STUDENT ID# _____ DATE OF BIRTH ___ / ___ / ___ AGE _____ GRADE _____

CURRENT PSYCHOLOGICAL DATE: ___ / ___ / ___ (COPY ATTACHED Y N)

CURRENT EVALUATION DATE: ___ / ___ / ___ (COPY ATTACHED Y N)

*CURRENT I.E.P. DATE: ___ / ___ / ___ (COPY ATTACHED Y N)

*NOTICE TO PARENTS: PLEASE BE ADVISED THAT IF YOUR STUDENT DOES NOT HAVE A CURRENT I.E.P. WITH THEM, HE/SHE WILL ATTEND REGULAR CLASSES UNTIL VERIFICATION IS RECEIVED FROM THE PREVIOUS ATTENDED SCHOOL.

HOME SCHOOL (circle): E P K MS HS

PROGRAM (circle): DH SLD SLDT SL SBH OTHER _____

PROGRAM LOCATION (circle): E P K MS HS

PROGRAM PLACEMENT DATE: ___ / ___ / ___

SPECIAL EDUCATION TEACHER _____

RELATED SERVICES _____ TEACHER _____

PARENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

STUDENT'S SOCIAL SECURITY # _____

PLACEMENT ACKNOWLEDGMENT

The above student will be temporarily placed in the _____ class on ___/___/___, under his/her current I.E.P. from _____ until records are obtained from previous school. A new I.E.P. will be developed no later than ___ / ___ / ___.

Signature _____ Date _____
(Parent/Legal Guardian)

Signature _____ Date _____
(School Personnel)