

IDENTIFICATION OF A NEW STUDENT

ST. DAVID SCHOOL DISTRICT

WHERE STUDENTS ARE OUR PRIMARY FOCUS

NAME: _____ DATE: _____

GENDER: MALE FEMALE DATE OF BIRTH: _____ GRADE: _____

Has your child ever been placed in any of the following programs?

GIFTED Yes No

TITLE ONE Yes No

ELL Yes No

Has your child ever been placed in Special Education? Yes No

Is your child currently placed in Special Education? Yes No

If yes, do you know his/her placement category? _____

CONTACT INFORMATION OF SCHOOL WHERE SPECIAL EDUCATION RECORDS ARE TO BE REQUESTED FROM:

SCHOOL _____

ADDRESS _____

PHONE _____

Please add any additional information that would be helpful to the administration or faculty.

*****OFFICE USE ONLY*****

ENTRY DATE IF DIFFERENT THAN ABOVE DATE: _____

Administrative signature: _____