



Languages spoken at home

Please indicate dialect and country of origin

If other than English, what language did your child first use for communication?

Ethnicity: (Please circle all that apply) American Indian Asian Black Hispanic Pacific Islander White

Has your child ever been referred to or received assistance from the Child Study Team? (Check one)

Yes No

Is Student covered by Health Insurance? Yes No

If yes, Name of Insurance Provider

I certify that the information on this form is accurate and complete.

Parents/Guardian Signature

Date

Parents Please Note: Any initial determination of eligibility is subject to more thorough review and re-evaluation, and there is a potential for assessment of tuition in the event that an initially admitted applicant is later found ineligible.

FOR OFFICE USE ONLY:

Release Form has been signed: Yes No

Medical Records have been requested: Yes No

Medical Records have been received: Yes No

Proof of Guardianship: Yes No

Medical Insurance Carrier

Student SID #

Proof of Residency provided:

Title / Deed Lease (Expiration Date) Utility Bill