

**REGISTRATION**

STUDENT INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS SCHOOL

Name: \_\_\_\_\_

Reading level: \_\_\_\_\_ Math level: \_\_\_\_\_

Was your child ever held back? \_\_\_\_\_

Are you a McKay recipient? \_\_\_\_\_

Parent / Legal restrictions: \_\_\_\_\_

ADDITIONAL PARENT/GUARDIAN

Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Do parents live at the same address? \_\_\_\_\_

**ENROLLMENT**

Dominant Hand?                      RIGHT                      LEFT

In what way is your child atypical? \_\_\_\_\_

Describe learning disabilities \_\_\_\_\_

List your child's allergies \_\_\_\_\_

List your child's medical conditions \_\_\_\_\_

Circle, if applicable:                      Autism    Asperger    Below Average IQ    Ppd    Add    Adhd

**Who is permitted to transport your child?**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**ADMIN ONLY**

AP#: \_\_\_\_\_

PPD: \_\_\_\_\_

ILP sent: \_\_\_\_\_

ILP Meeting: \_\_\_\_\_