

Student's Brothers/Sisters in School

_____ Grade _____ _____ Grade _____
_____ Grade _____ _____ Grade _____

List any special needs, health problems or medication of which teachers should be aware. (Explain)

Transportation: (please circle) Bus # _____ Car _____ Extended Day _____ Day Care Van _____

Give specific directions to student's house from school. _____

Is the student connected to an Active Duty Military family? Yes No

Is the student connected to a Guard or Reserve Military family? Yes No

Is your child currently receiving services from the local school system? Yes No

If yes, which services _____

Does child have a current Individualized Education Plan (IEP)? Yes No

Has your child attended:

• Early Head Start or Head Start? Yes No

• First Class Funded Preschool?
(OSR program) Yes No

• Center-based childcare program?
(daycare-private or church based) Yes No

• Home-based childcare program? Yes No

• Home visitation program? Yes No

• Another preschool program? Yes No
(Part-time preschool, Mother's Day Out,
Title 1 pre-k, locally funded pre-k, or other
non-listed preschool type)

• Special Education Funded Preschool Program? Yes No

• No preschool? Check if no preschool