

Student's Primary Language _____

Did your child receive previous services under an IEP or an Accommodation Plan? _____

Was your child in any special services under an IEP or an Accommodation Plan? _____

Was your child in any Special Education classes? _____

Speech classes _____ Gifted classes _____

Did your child receive any other services at a school? (If so, what services?) _____

Please Initial

_____ I am the custodial parent/legal guardian of the above named student.

_____ The address listed above is the physical location where the student actually lives.

_____ I have provided the student's Birth Certificate and Social Security Card.

_____ I have provided the student's GA Certificate of Immunization and Eye, Ear, and Dental Certificate.

_____ This student is currently not on suspension or expulsion status from another school.

Signature _____

Date _____

