



Student's Name \_\_\_\_\_

**LIST ALL BROTHERS AND SISTERS: (Include whole, half and step)**

Name: Last	First	M/F	Date of Birth	Grade if in school

Has child attended school previously? Yes \_\_\_ No \_\_\_ Grade Attended \_\_\_ Years Attended \_\_\_

School entry date \_\_\_\_\_ State entry date \_\_\_\_\_ Initial U.S. entry date \_\_\_\_\_

Previous Special Placement, if any: Speech \_\_\_ LD \_\_\_ SED \_\_\_ EMR \_\_\_ Gifted \_\_\_

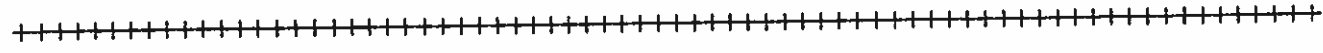
Is your child limited in his/her physical activity? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_  
List any special circumstances that should be known to the school:

\_\_\_\_\_  
Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Relationship to above pupil if other than natural or adoptive parent \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_



**OFFICE USE ONLY:**

**TRANSPORTATION**

Bus Student: Yes \_\_\_ No \_\_\_

Bus Stop \_\_\_\_\_ Bus Number \_\_\_\_\_

Date Entered: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_