

New Student Form

Please fill out this form completely if you have a new student starting on your caseload. This will ensure accurate state reporting for child count purposes. Thank you!

Student Name:

SIS#:

DOB:

Grade:

Gender:

Resident District:

Serving School:

Fund Code:

Start Date:

Disability(ies):

% in Special Ed:

% in Regular Ed:

Related Services:

Parent/Guardian:

Address:

Phone: