

# ESE Registration Form

Exceptional Student Education

## SECTION A (Please Choose One)

Student Name \_\_\_\_\_

Last

First

\_\_\_\_\_ My child is **NOT** currently enrolled in ESE (Special Education Programs) (DO NOT COMPLETE SECTION B)

\_\_\_\_\_ My child **IS** currently enrolled in ESE programs and has a current IEP (COMPLETE SECTION B)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION B (please check all that apply)

My child is eligible for the following programs.

\_\_\_\_\_ Deaf or Hard of Hearing \_\_\_\_\_

\_\_\_\_\_ ASD (Autism Spectrum Disorder)

\_\_\_\_\_ Physically Impaired \_\_\_\_\_

\_\_\_\_\_ EBD (Emotional/Behavioral Disability)

\_\_\_\_\_ Speech/Language Impaired \_\_\_\_\_

\_\_\_\_\_ OI (Orthopedic Impairment)

\_\_\_\_\_ Visually Impaired \_\_\_\_\_

\_\_\_\_\_ SLD (Specific Learning Disability)

\_\_\_\_\_ Dual Sensory \_\_\_\_\_

\_\_\_\_\_ TBI (Traumatic Brain Injury)

\_\_\_\_\_ Impaired Gifted \_\_\_\_\_

\_\_\_\_\_ OHI (Other Health Impaired)

\_\_\_\_\_ IND (Intellectual Disabilities)

### Related Services:

\_\_\_\_\_ OT (Occupational Therapy)

\_\_\_\_\_ PT (Physical Therapy)

\_\_\_\_\_ Specialized Transportation

Are you transferring from: \_\_\_\_\_ In-State School \_\_\_\_\_ Out-of-State School

Have you ever attended a Florida School? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever attended a Hillsborough County School? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is the Name, County and State of the last school attended?

Do you have a copy of your child's IEP? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, - parent will provide Wharton H.S. a copy of the IEP by: \_\_\_\_\_

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