

FISHHAWK CREEK ELEMENTARY
REGISTRATION INFORMATION

STUDENT'S NAME _____

STUDENT'S PREVIOUS SCHOOL _____

SCHOOL LOCATION/PHONE NUMBER _____

HAS YOUR CHILD EVER BEEN RETAINED? _____ YES _____ NO

IF YES, WHAT GRADE? _____

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION PROGRAMS _____ YES _____ NO

IF YES, PLEASE INDICATE PROGRAM BELOW:

_____ GIFTED WITH EDUCATIONAL PLAN (EP) SIGNED

_____ SLD/VE RESOURCE WITH IEP

_____ SLD/V E FULL TIME WITH IEP

_____ SPEECH/LANGUAGE WITH IEP

_____ ELL-SECOND LANGUAGE

_____ 504 PLAN

_____ OTHER

PLEASE LIST ANY MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF

PLEASE LIST ANY OTHER INFORMATION YOU FEEL IMPORTANT TO SHARE WITH THE
SCHOOL/TEACHER
