



## RELATED REGISTRATION INFORMATION

Date:

Please provide information below for **each student** registering in the school district to help the district enhance the educational services provided the family. This information will be forwarded to appropriate staff to better service the student.

Student Name:

Grade:

### Special Educational Programming (please check)

- Elementary Title I Reading/Language Arts
- Elementary Title I Math
- Special Education

Please list disability:

- Gifted and Talented Services
  - English as a Second Language (ESL)
- Not Applicable

### Health/Physical Related Services (please check)

- ADHD/ADD
- Hearing Impaired
- Physical Therapy
- Other Health Concerns
- Occupational Therapy
- Visual Impaired

Please explain (i.e. medications, diabetic, special diet, etc)

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### Family Status

Please explain any helpful family information (i.e. marital status, custody concerns, special parent/teacher conference situations, etc.)

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