

Pre-Registration Card

Student's Full Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Birth City & State _____ Grade _____

Email: _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

School Last Attended _____ Current Grade _____

City & State _____

Is your child currently receiving special education services (has an IEP)? YES / NO

If yes, please list disability: _____

Has your child previously received special education services (had an IEP)? YES / NO

Signature _____ Date _____

Has your child been expelled or in the process of an expulsion from school? YES / NO

If Yes, please explain: _____
