

Has this student ever attended a Montgomery Co. R-II public school before?

YES NO

Check the appropriate box if this student has ever received one or more of the following diagnoses:

- Learning Disability Mental Retardation
- Behavior Disorders Speech/Lang. Disorder
- ADD/ADHD Sensory Impaired
- Brain Injury Autistic
- Other _____

Does this student presently receive special education services which require an Individual Education Plan (IEP) and/or special education services?

YES NO

If yes, describe and provide a copy of current IEP & Diagnostic Summary.

Does this student have a handicapping condition addressed under a 504 Plan?

YES NO

Does this student receive other special services (Title 1, Remedial Reading, frequent counseling, At-Risk, etc)

YES NO

If yes, describe.

Is English the primary language of this student?

YES NO

Identify all school previously attended.

Grades	Schools	City,State

Has this student ever been retained?

YES NO

If yes, what grade(s)? _____

Is this student presently suspended or expelled from another school?

YES NO

If yes, where and for what? _____

Has this student ever been suspended or expelled from school?

YES NO

If yes, where, when and for what? _____

Has this student ever been under the jurisdiction of the Family or Juvenile Court?

YES NO

If yes, name of current Juvenile Officer: _____

Has this student returned all books, paid all fines and officially withdrawn from the previous school?

YES NO

If no, why not? _____

I give my permission for this student to be taped, photographed, or video-taped for educational use (such as school plays, athletic events, classroom activities, etc.) at any time at the discretion of Montgomery County R-II Schools.

YES NO

If no, specify when or under what circumstances this cannot be done. _____

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. Submitting incorrect information will immediately invalidate enrollment.

Parent/Guardian Signature _____

Date _____

Obtained	Needed	FOR OFFICE USE ONLY
<input type="checkbox"/>	<input type="checkbox"/>	Immunization Record
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Residence
<input type="checkbox"/>	<input type="checkbox"/>	Academic Records
<input type="checkbox"/>	<input type="checkbox"/>	IEP / Diagnostic Summary
<input type="checkbox"/>	<input type="checkbox"/>	Discipline Records
<input type="checkbox"/>	<input type="checkbox"/>	Custody/Guardianship Docum.