

**SPECIAL EDUCATION**

Questions 1 and 2 must be answered with a "yes" or "no", otherwise registration is incomplete.

HAS THE STUDENT EVER BEEN IDENTIFIED FOR SPECIAL EDUCATION SERVICES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF YES, HAS AN IEP (INDIVIDUAL EDUCATION PLAN) BEEN WRITTEN FOR THE CHILD AT HIS PREVIOUS SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF "YES", PLEASE CHECK APPROPRIATE BOX(ES), AND COMPLETE INFORMATION REQUEST BELOW. (If not checked, registration is incomplete)	
SPEECH	Date Identified:
SPECIFIC LEARNING DISABILITY <i>(Describe)</i>	Date Identified:
PHYSICAL DISABILITY <i>(Describe)</i>	Date Identified:
OTHER <i>(Please Specify)</i>	Date Identified: