

MSD of Mt. Vernon Enrollment Information Form

Student Name _____ Student DOB _____

School _____ Enrolling Current Grade _____

Today's Date _____ Date of Enrollment _____

Parent/Guardian Name _____

Current Address _____

Daytime Phone _____ Home Phone _____

Has the child been enrolled in an Indiana School previously? Yes No

Previous School Name _____

Previous School City & State _____

Primary Language Spoken in the Home _____ Child's Primary Language _____

Does the student have a current IEP (Individual Education Plan) and receive Special Education?

(Circle One) Yes No Unsure

If yes, what was the educational eligibility (if known)? _____

Was he/she receiving any other services such as speech, occupational therapy and/or physical therapy? (Circle One) Yes No Unsure

If yes, please specify: _____

Does the Child have a 504 Plan? (Circle One) Yes No Unsure

Please list any interventions/accommodations your student was receiving:

Please list any additional comments or concerns that could assist with your student's educational planning: (Honors, Counseling, etc.)