



Languages spoken at home

\_\_\_\_\_  
Please indicate dialect and country of origin

If other than English, what language did your child first use for communication?

\_\_\_\_\_  
Ethnicity: (Please circle all that apply)    American Indian    Asian    Black    Hispanic  
   Pacific Islander    White

Has your child ever been referred to or received assistance from the Child Study Team? (Check one)

Yes                       No

Is Student covered by Health Insurance?                      Yes                       No

If yes, Name of Insurance Provider \_\_\_\_\_

I certify that the information on this form is accurate and complete.

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

Parents Please Note:                      Any **initial** determination of eligibility is subject to more thorough review and re-evaluation, and there is a potential for assessment of tuition in the event that an initially admitted applicant is later found ineligible.

**FOR OFFICE USE ONLY:**

Release Form has been signed:                       Yes                       No

Medical Records have been requested:                       Yes                       No

Medical Records have been received                       Yes                       No

Proof of Guardianship                       Yes                       No

Medical Insurance Carrier \_\_\_\_\_

Student SID #   

Proof of Residency provided:

Title / Deed     Lease (Expiration Date)     Utility Bill