



SCHOOL LAST ATTENDED \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD'S NATIVE LANGUAGE/LANGUAGE SPOKEN AT HOME \_\_\_\_\_

**PROOF OF RESIDENCY PRESENTED** (MUST SHOW NAME AND ADDRESS)

TITLE/DEED  LEASE  CERTIFICATE OF OCCUPANCY  TAX BILL

FULLY EXECUTED REAL ESTATE CONTRACT SHOWING TENTATIVE CLOSING DATE WITH NOTORIZED AFFIDAVIT \_\_\_\_\_

BUILDING PERMIT WITH COPY OF CONTRACT FOR CONSTRUCTION SHOWING PROJECTED DATE OF OCCUPANCY \_\_\_\_\_

*ADDITIONAL INFORMATION MAY BE HELPFUL TO US IN UNDERSTANDING YOUR CHILD AND MORE ADEQUATELY PROVIDE FOR HIS/HER EDUCATIONAL EXPERIENCE.*

**TALENTED AND GIFTED SERVICES**

HAS YOUR CHILD EVER RECEIVED ANY TALENTED AND GIFTED SERVICES? \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

**SPECIAL EDUCATION SERVICES**

HAS YOUR CHILD EVER RECEIVED ANY SPECIAL EDUCATION SERVICES? \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

**PHYSICAL DISABILITIES OR RESTRICTIONS**

GLASSES  HYPERACTIVITY  MEDICATION  HEARING AID

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

IS THERE ANY PERTINENT INFORMATION THAT MAY NOT ALREADY BE INCLUDED ON YOUR CHILD'S SCHOOL HEALTH RECORD SUCH AS SERIOUS ILLNESSES, OPERATIONS, ALLERGIES OR ACCIDENTS? \_\_\_\_\_

DESCRIBE ANY UNIQUE OR ADDITIONAL EDUCATIONAL EXPERIENCES BECAUSE OF ACADEMIC DIFFICULTIES, DEFICIENCIES OR LEARNING DISABILITIES \_\_\_\_\_

ARE THERE ANY CIRCUMSTANCES WITHIN THE FAMILY DYNAMIC THAT THE SCHOOL ADMINISTRATION SHOULD KNOW ABOUT? \_\_\_\_\_