

STUDENT SERVICES:

1. Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ____ Yes ____ No

If yes from what school district: _____

2. Does your child have a current IEP (Individualized Education Plan)? ____ Yes ____ No

If yes, do you have a copy? ____ Yes ____ No

3. Has your child been diagnosed with a disability? ____ Yes ____ No **If yes, please check all that apply below:**

- autism
- mental health diagnosis
- speech / language
- visually impaired
- hearing impaired
- orthopedically impaired
- ADHD
- a child born with a major disability (i.e. Down syndrome, Fragile X, etc.,)
- health condition (explain) _____
- other (explain) _____

4. Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ____ Yes ____ No **If yes, please provide details:** _____

5. Has your child been enrolled in Head Start or DD preschool programs? If yes please list the county: _____

NAMES AND AGES OF ALL OTHER SCHOOL AGE CHILDREN IN THE HOME: Please list Grade & Building.
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Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained within the student's records *provided* there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Lancaster City School district and that this child is in my legal custody.

Signed _____ Date _____