

Other Children:

Last Name _____ Legal First Name _____ Middle _____ Grade _____

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School History: Include VPK /Pre K /Daycare

Last School Attended _____ County _____

School Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Additional Student Information:

Have you ever attended a Marion Co Public School? (Including PreK and Kdg) Yes ____ No ____

If so, Where: _____

Is the Student currently enrolled or ever been enrolled in a Special Education program? (including Speech, Language, OT/PT) If yes, please list all prior / current programs and/or services ***AND please include the most recent plan.***

Does the student have a Section 504 Plan, ____ If yes, *Please include the most recent plan*

Has the student ever been retained? If yes, list grade level(s)

Has the student ever been expelled from another school district? If yes, Please explain,

Special Health Problems and/or needs requiring medical assistance at school:

FOR OFFICE USE: