NEW STUDENT DATA REQUIRED
FOR POWERIEP

ALL NEW STUDENTS:

First Name:_____

Middle Name (required):_____

Last Name:_____

Date of Birth:_____

Grade:_____

Gender: Male   Female

Ethnicity:_____

SIS ID # (if unknown leave blank):_____

Parent Name:_____

Foster Parent   Yes   No

Address:_____

Phone:_____   **Parent E-Mail Address:**_____

Resident District:_____

Serving School:_____

Case Manager:_____

ADDITIONAL INFORMATION FOR MOVE IN STUDENTS ONLY:
*If this is a move in student with an IEP please also provide the following:

First Attendance Date:_____

Disability:_____

Previous School:_____

IMPORTANT:
Send copies of ALL special education records received from the previous school to the coop immediately.

Please call, e-mail or fax (893-8627) the above information to RCCSEC for entry.

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