

**NEW STUDENT DATA REQUIRED
FOR EmbraceIEP**

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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