

- ☐ IEP Referral
☐ Transfer In IEP
☐ 504 Referral / 504
 MTSS

NEW STUDENT DATA REQUIRED FOR Embrace IEP

Resident District: _____

Serving School: _____

Case Manager: _____

ALL NEW STUDENTS: *(All required data)*

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Grade: _____ Gender: Male Female

SIS ID# **(required)**: _____ Primary Language: _____

Ethnicity: _____

Parent Info:

Parent #1 Name/s: _____ Parent #2 Name/s: _____

Foster Parent **Yes** **No** Lives With: _____

#1 Address: _____ #2 Address: _____

#1 Phone: _____ Home Cell #2 Phone: _____ Home Cell

#1 Primary/Preferred Language: _____ #2 Preferred Language: _____

#1 Parent E-Mail Address: _____ #2 Email: _____

ADDITIONAL INFORMATION FOR MOVE IN STUDENTS ONLY:

First Attendance Date: _____

Disability: _____

Previous School: _____

IMPORTANT:

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

Please e-mail the above information to RCCSEC for entry.

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Kris Stalter stalterk@rccsec.org