

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

## 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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