

**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 (217-893-8627) the above information to RCCSEC for entry.

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