

Special Education Declaration

Legal Name of Student _____
Last First Middle Suffix

Date of Birth _____
Month Day Year

Enrollment Date _____ Student ID _____
Month Day Year

In order to effectively serve your child the following information is necessary:

1. My child received Special Education services: Yes _____ No _____
2. My child was being serviced in a Special Education program at the time of withdrawal from previous school: Yes _____ No _____
3. If the child was currently receiving services, what was his/her disability category?

4. Do you have a copy of the current IEP? Yes _____ No _____
5. Was the child receiving accommodations through a §504 plan at the time of withdrawal from previous school? Yes _____ No _____
6. If the child was not receiving services at the previous school, was he/she in the process of being screened/evaluated for services? Yes _____ No _____

Additional Comments: _____

Parent Statement:

As this child's Parent/Legal Guardian, I certify that the above information is true and accurate.

Parent/Guardian Signature _____
Month Day Year