

NOTIFICATION OF NEW STUDENT ENROLLMENT

Student's Name _____ Grade _____
School _____ Date of Birth _____
Parents' Name _____ Phone _____

The above named student has enrolled in our school system. Please assess the following:

Nurses

_____ Immunization Status

_____ Medical Concerns

Homeless Coordinator

_____ Homeless Status

Exceptional Children School Chairperson

_____ EC Status

ESL Teacher

_____ English Proficiency

School Social Worker

_____ Foster Care Status
County of Origin _____

Other

_____ Specify _____

Referred by _____ Date Sent _____

Copies of this form should be forwarded to the school personnel above for the areas needing
assessment, evaluation and/or services.

One copy of this form should be kept in the student's file.