

## Student Input Form for embraceIEP

- New Student
- Existing Sp.Ed. Student changing Districts within WOVSED's area
- Existing Sp.Ed. Student moving into your district from outside WOVSED's area

**For All Students**

|                                  |  |        |  |
|----------------------------------|--|--------|--|
| Student's Legal Name             |  |        |  |
| Birth Date                       |  | SIS #  |  |
| Parent's Name                    |  |        |  |
| Address                          |  |        |  |
| City / Zip                       |  |        |  |
| Parent's Phone #                 |  | Cell # |  |
| 2 <sup>nd</sup> Parent's Name    |  |        |  |
| Address                          |  |        |  |
| City / Zip                       |  |        |  |
| 2 <sup>nd</sup> Parent's Phone # |  | Cell # |  |
| Foster Child?                    | Yes  | No     | Guardian's Name:   |
| Fund Code                        |  |        |  |
| Resident District                |  |        |  |
| Home School                      |  |        |  |
| Serving District                 |  |        |  |
| Serving School                   |  |        |  |
| Grade in School<br>(circle one)  | 01 02 03 04 05 06 07 08 09 10 11 12<br>14 (Pre-K) 15 (Kindergarten)                  |        |  |
| Race<br>(circle one)             | Hispanic/Latino<br>American Indian/Alaskan Native<br>Asian<br>Black/African American |        | Native Hawaiian/Pacific Islander<br>White<br>Two or more races |
| Language                         | English or _____   |        |  |
| Gender (circle one)              | M or F   |        |  |

**For Existing Students Changing District Only**

|                              |  |                          |  |
|------------------------------|--|--------------------------|--|
| Previous Resident District   |  |                          |  |
| Previous Serving School      |  |                          |  |
| End Date Previous District   |  | Begin Date New District: |  |
| Eligibility                  |  |                          |  |
| Related Services             |  |                          |  |
| Education Environment        |  |                          |  |
| % Time in Reg. Ed. Classroom |  | % Special Education:     |  |

Completed By: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_