

# STUDENT INFORMATION FORM

## SPECIAL PROGRAMS

(Forms must be completed)

The Child Center

Jasper Mountain

Safe Center

Centerpoint

Date of Enrollment: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Ethnicity:

Hispanic: Y/N (Please circle and choose one of the boxes below)

Race:

White

Black

Asian

Native Hawaiian/Pacific Islander

Native American/Alaska Native

Parent/Guardian Information:

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

On IEP?  Yes  No

Eligibility Statement and IEP attached?  Yes  No

Tuition paid by:

Medicaid/Fully State Funded

Resident District

Parent/Guardian

Other (Please specify)  
\_\_\_\_\_

Residential

Day Treatment