2020-2021 SWALLOW SCHOOL NEW FAMILY ADDITIONAL QUESTIONS

Student #1 Name:	Date of Birth:	Grade:
Section I: Individualized Education Plan (IEP) Histor Does your student currently have an Individualized Education Plan (IEP) Histor Plan your student ever had an Individualized Education Plan (IEP) For either, please list an IEP Contact Name and Title School/Agency:	eation Plan?	
Saction II: Home Language Survey**		
Section II: Home Language Survey** What language did your child learn when she/he first be What language does the parent(s) speak with other adul What language does the parent(s) speak to his/her child What language does the child speak to parent(s) at hom What language does the child speak to his/her friends or Does an adult in the home speak English? Does an adult in the home read English? Was your child ever enrolled in an English Language Program If Yes, School Name Was your child exited from an English Language Program Do you think your child will benefit from an English Language Signature of Person Completing Survey:	Its in the home?	
New to District Only PROOF OF RESIDENCY and original birth certificate required, (only needed for verification, no copy necessary) when the completed Registration Form is returned to school. Proof of residency within the Swallow School District in the form of one of the following: New Construction-Occupancy Permit; Remodeling to an Existing Structure-Occupancy Permit; Existing House-Closing Statement; Rental-Lease Agreement For Office Use Only: Birth Certificate Verified Resident Open Enrollment Tuition Waiver		
<u> </u>	Fuition (building/moving) - date in home	□
**Give Special Ed. Director a copy of Registration Form if any of the following are reflected in Section II: question #1-5: any are marked Other question #6-7: any are marked No question #8-10: any are marked Yes		