



For Office Use Only

Address Verified

Boundaries Verified

School _____ Student ID _____

Appointment Date/Time: _____ Counselor/Admin: _____ Grad Year: _____

Salem-Keizer New Student Information Form - Middle or High School

Welcome to Salem-Keizer Public Schools! Please help us determine which educational services and/or programs are best for your student by answering the questions below, and completing this form as part of the enrollment process.

Student Legal Name _____ **Grade** ____ **Date of Birth** _____

Other Name(s) Known By: _____

Last School Attended: _____ City/State: _____

Residence Address: _____

1. Has your student ever been on an IEP (Individual Education Plan) or 504 Plan? Yes No

If yes, please indicate the classroom placement:

LRC
*Learning Resource
Center*

DLC
*Developmental
Learning Center*

EGC
*Emotional
Growth Center*

ERC
*Educational
Resource Center*

Lifeskills

2. Is your student currently on an IEP or 504 Plan? Yes No

If yes, which of the following areas are provided for in the IEP/504 Plan?

Reading

Math

Writing

Behavior

Emotional

Speech

Vision

Hearing

Other: _____

3. Has your student ever been designated in any of the following programs? Yes No

TAG (Talented & Gifted)

ELL (English Language Learner)

Migrant

Alternative Diploma Track

Other: _____

4. Is your student challenged with any of the following? Yes No

ADD/ADHD

Physical/Visual Handicap _____

Other: _____

5. Are there any **health/medical concerns** (allergies, special medication, etc.)? Yes No

If yes, list: _____

6. Do you anticipate concerns regarding **attendance**? Yes No

7. Do you anticipate concerns regarding **grades**? Yes No

8. Does your student have any **PAST suspensions** or **expulsions**? Yes No

If yes, list school, reason & year: _____

9. Is your student **CURRENTLY** under, or pending, an **expulsion** from any school? Yes No

If yes, list school & reason: _____

10. Does your student have a **parole/probation officer**? Yes No

Name: _____ *Phone #* _____

11. Does your student have a **DHS Caseworker**? Yes No

Name: _____ *Phone #* _____

12. Does your student plan on participating in **athletics/sports**? Yes No

Name/Relationship to Student of person submitting form (printed)

Date