



DOCUMENTATION FORM

Please answer the following questions:

Does your student currently have an IEP (Individualized Education Plan)/Psychological Evaluation?

____ Yes* ____ No

*If yes, a copy of the plan must be submitted by the parent, before registration can be completed.

Has your student ever been asked to leave his/her school? `

____ Yes* ____ No

*If yes, please explain and submit all documentation:

Does your student currently receive accommodations as designated on their IEP/Psychological Evaluation?

____ Yes* ____ No

*If yes, a copy of all documented accommodations must be provided.

Does your student currently receive support from ANY specialty resources?

____ Yes* ____ No

*If yes, please provide us documentation of the services your child receives.

If your student has a current IEP/Psychological Evaluation, will accommodation be requested at St. Peter the Apostle School? _____ Yes* ____ No

*If yes, what accommodations will you be requesting? (Please note, not all accommodations may be able to be met if your student is admitted.) _____

Has your student ever been retained?

____ Yes* ____ No

*If yes, please provide documentation of retention.

Does your student take any prescribed medication?

____ Yes* ____ No

*If yes, please list their medications: _____

Does your student have any special limitations physically, socially or spiritually?

____ Yes* ____ No

*If yes, please explain: _____

Does your student have any diagnosed cognitive, emotional or physical condition?

____ Yes* ____ No

*If yes, please provide documentation.