

# Minnesota State Academy for the Deaf: Early Childhood New Student Information Sheet

## STUDENT INFORMATION

Name of Student (Last, First, MI)		Sex	Birth Date
Address	City	State	Zip Code
	Social Security Number	County of Residence	

## FOR FEDERAL REPORTING PURPOSES

Ethnicity (Check one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	Race (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American; Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
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## FAMILY INFORMATION

Name of Parent or Legal Guardian		Address	
City		State	Zip
Home Telephone Number (     )     -	Work Telephone Number (     )     -	Work Telephone Number (     )     -	
E-Mail Address		E-Mail Address	

## LAST SCHOOL ATTENDED SCHOOL INFORMATION

Name of Last School Attended	Highest Grade Completed
School Address / City / State / Zip	
Name/Title of Primary School Contact Person (Principal, Teacher, etc.)	Telephone Number (     )     -

## RESIDENT SCHOOL DISTRICT INFORMATION

Home School District	Home School District Number
Name /Title of the Primary School Contact Person (if different from above)	Telephone Number (     )     -
Name of Transportation Coordinator	Telephone Number (     )     -

## FILE MATERIALS NEEDED

In order to help us get to know this student for programming purposes, please attach copies of the following items with your enrollment packet:

- Individual Education Plan (IFSP) including all reviews for the past 2 years.
- All current assessments with recommendations
- Custody papers (if applicable).
- Medical Information (complete forms enclosed – must include a physical completed within the last 12 months)
- Any other information considered helpful in getting to know the student.