

Home address for non-custodial parent _____

Home Phone _____ Work Place _____ Work Phone _____

Are there any legal documents (or court orders) involving this parent's custody right? Y/N If yes, please provide the school with all legal documents.

List other family members currently NOT living at above address with student (eg separated, divorced, step-parents, siblings no longer at home):

Full Name	Sex	Relationship to Students	Birth date or Age	Grade

Is a language other than English spoken in your home? Y/N If yes, fill out Form A-14/Home Language Questionnaire.

What is this student's general attitude about school or, if entering K, beginning school?

If entering K-3, has this student ever attended Pre-school, Nursery School, or Head Start? Y/N

List program and age(s) of attendance: _____

Has this student ever attended Newark Valley Central School ? Y/N If yes, list grades attended:

Name, address, and phone number of LAST school attended:

Has this student ever attended any other school district? Y/N If yes, list schools and grades attended:

Has this student ever been in a special education program? Y/N

Has this student ever been reviewed by the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE)? Y/N

Has this student ever received: Speech/Language Therapy Y/N Remedial (AIS) ELA Y/N

Occupational Therapy Y/N Remedial (AIS) Math Y/N

Physical Therapy Y/N Remedial (AIS) Social Studies Y/N

Remedial (AIS) Science Y/N

Has this student ever been evaluated for any special education, remedial, or preschool services? Y/N

If yes to any of the special education/remedial questions, please note where and when:

Is there any other information or special concerns you would like to share with us regarding this student?

Has your child ever been in a Gifted or Talented Program Y/N If yes, which grade, year, and for what program?

Signature _____ Relationship to student _____
