

Student Name: _____

Emergency Contact (This should be someone other than yourself or spouse who would be able to pick up your child in the event we could not contact you. *In case of an emergency, please list order of contact.*)

Name: _____ Relation: _____

Phone Number: W _____ H _____ C _____

Name: _____ Relation: _____

Phone Number: W _____ H _____ C _____

Name: _____ Relation: _____

Phone Number: W _____ H _____ C _____

Last School Attended

Name of School: _____ City: _____ State: _____

Date of Withdrawal: _____ Phone: _____

Special Programs

Please check if your student has had classes in any of the following programs so we may provide services if appropriate:

Special Education	No _____ Yes _____	Gifted and Talented	No _____ Yes _____
Speech and language	No _____ Yes _____	Section 504	No _____ Yes _____
Title I Reading/Math	No _____ Yes _____		

Student attended a public school for three or more continuous years in:

Manitou Springs School District 14	_____ NO _____ YES
The state of Colorado	_____ NO _____ YES
The United States	_____ NO _____ YES

Bus Information

Transportation: (Circle one) Walk Bus Other _____

If your student were to ride the bus, please specify bus route and bus number student would be using based on bus schedule given to you.

BUS ROUTE: am _____ pm _____ Bus Number: _____ Bus Stop: _____

The McKinney Vinto Act requires schools to help support homeless children. I would like you to send me your Mckinney Vinto materials.

Yes No