



East Allegheny School District Special Education Services- Registration Form

Complete ONLY if Student has previously received Special Education Services

STUDENT NAME: _____ **GRADE:** _____

We are happy to welcome you and your child to the East Allegheny School District. In order to provide educational services, it is important that we are aware of special education services the student had at his/her previous school. Please complete this form so that we can better service you.

Please check all that apply:

My Child **WAS NOT** in a Special Education Program

~OR~

My child **DID** have a **504 or service agreement** at a previous school.

My child **WAS** in the **gifted program** at a previous school.

My child DID receive Special Education services in this type of placement:

Learning Support

Speech/Language Support

Autistic Support

Hearing Support

Emotional Support

Vision Support

Life Skills Support

Out of District Placement

Multi-handicapped support

(where)_____

Physical Support

Other, please specify:

Parent/Guardian signature

Printed Name

Date