

Special Education Entry/Withdrawal form

Return completed form to Carol Silvey at Central Office.

Entry:

Student name: _____
As it appears on I. C.

DOB: _____ Case Manager: _____

Related Services: (Circle all that apply.) Speech OT PT Transportation Other _____

If you have any of the records, IMMEDIATELY send a copy of what you have to C/O with this form.

If no records have been received, indicate name of school and district student transferred from.

Withdrawal:

Student name: _____
As it appears on I. C.

DOB: _____ Case Manager: _____

Date: _____ Reason: _____