

BENSON VILLAGE SCHOOL
Registration Form - This information is confidential.

Date: _____

Student Name: _____

First Middle Last

Grade Level: EEE K 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: _____ Gender: M F Phone: (____) _____ = _____

Town of Residence: _____

Ethnicity (optional): White (Non-Hispanic) Black Hispanic Asian Multiracial
 American Indian/Alaskan Native Native Hawaiian/Pacific Islands

Student's Primary Language: _____

Previous School (if applicable): _____

Previous School Teacher (if applicable): _____

Previous School Fax (if known): (____) _____ = _____

Circle one

Father Guardian Date of Birth: _____
Stepfather: _____

Home Phone: (____) _____ = _____ Cell Phone: (____) _____ = _____

Email Address: _____

Residence Address: _____

Town: _____

Mailing Address: _____

Town: _____

Mother Guardian Date of Birth: _____
Stepmother: _____

Home Phone: (____) _____ = _____ Cell Phone: (____) _____ = _____

Email Address: _____

Residence Address: _____

Town: _____

Mailing Address: _____

Town: _____

Does the student live with both natural parents? Yes If not please check below:

Mother Father Stepmother Stepfather Guardian Other: _____

Other Children in Family

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Did your child attend Pre-School? Yes No

If yes, where?

Does your child have any special needs?

IEP 504 157 ESL Allergies

Other: _____

If your child is in 7th or 8th grade, choose any of the following your child is involved in:

Band Chorus Spanish French

Names of anyone who is forbidden (legally) to have access to this child:

Section below to be completed by school when applicable

Case Manager: _____

Disability: _____

Multi-Year Plan?: Yes No

Initial Eligibility Date: _____

Most Recent Evaluation Date: _____

Most Recent IEP Date: _____

State-Placed?: Yes No

Educational Surrogate: _____

Transferred from another Vermont school?: Yes No

If student is from another Vermont school district please check the student's school file for a signed "Medicaid Parent Authorization" form.

Is there a signed Medicaid Authorization form in the student's file?: Yes No

If yes, please attach a copy of the signed Medicaid Parent Authorization to this form.

Transferred from another state:

Initial VT IEP Eligibility pending:

If IEP or 504 checked above, please send copy of the form to Superintendent's Office, attn: Special Education/Medicaid Clerk.