



Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate if your student has any special paperwork that we should request by marking yes or no in the chart and initialing in the box next to **EACH** row.

Special Paperwork	YES	NO	Initials
<b>PEP</b> (Personalized Education Plan)			
<b>IEP</b> (Individualized Education Plan, for students who receive EC/Special Education services)			
<b>504 Plan</b>			
<b>SST File</b> (Student Support Team)			
<b>DEP</b> (Differentiated Education Plan for AIG students)			
<b>LEP</b> (Limited English Proficiency For ESL students)			

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_