

## Special Education/504 Student Information Form

Please complete all sections.

### Student Information:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of School you are registering your child at: \_\_\_\_\_

### Parent Information:

Father's name \_\_\_\_\_, Student lives with Father (y) \_\_\_\_\_  
(n) \_\_\_\_\_

Mother's name \_\_\_\_\_, Student lives with Mother (y) \_\_\_\_\_  
(n) \_\_\_\_\_

My child is currently on an I.E.P. \_\_\_\_\_ (Y-N) or a 504 Plan \_\_\_\_\_ (Y-N)

Please indicate the category (s) of disability your son or daughter qualifies for services:

---

---

My child has received specialized instruction in one or more of the following educational placements in the past two years:

Public School \_\_\_\_ (Name of Public School \_\_\_\_\_)

Separate Public School \_\_\_\_ (Name of School \_\_\_\_\_)

Residential School \_\_\_\_\_ (Name of School \_\_\_\_\_)

Other \_\_\_\_\_)

### For School Registrar:

**Please mail a copy of this form to the:**

Director of Special Services  
Orange Windsor Supervisory Union  
3590 VT RTE 14  
South Royalton, VT 05068