

**NOTIFICATION OF NEW STUDENT ENROLLMENT**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parents' Name \_\_\_\_\_ Phone \_\_\_\_\_

The above named student has enrolled in our school system. Please assess the following:

**Nurses**

\_\_\_\_\_ Immunization Status

\_\_\_\_\_ Medical Concerns

**Homeless Coordinator**

\_\_\_\_\_ Homeless Status

**Exceptional Children School Chairperson**

\_\_\_\_\_ EC Status

**ESL Teacher**

\_\_\_\_\_ English Proficiency

**School Social Worker**

\_\_\_\_\_ Foster Care Status  
County of Origin \_\_\_\_\_

**Other**

\_\_\_\_\_ Specify \_\_\_\_\_

Referred by \_\_\_\_\_ Date Sent \_\_\_\_\_

Copies of this form should be forwarded to the school personnel above for the areas needing assessment, evaluation and/or services.  
One copy of this form should be kept in the student's file.