

Winship-Robbins Elementary School District

Winship Elementary School
4305 S. Meridian Road
Meridian, CA 95957
(530) 696-2451 Fax (530) 696-2262

Robbins Elementary School
17451 Pepper Street P.O. Box 237
Robbins, CA 95676
(530) 738-4386 Fax (530) 738-4291

NEW STUDENT INFORMATION

Name: _____ D.O.B.: _____ Age: _____

Grade: _____ Gender: M F Date Enrolled: _____

HAS YOUR CHILD: YES NO IF YES, WRITE THE YEAR

| | | | |
|---|-----|-----|-------|
| Been enrolled in a GATE (Gifted and Talented) program | ___ | ___ | _____ |
| Been enrolled in any ELD/ESL program (for English learners) | ___ | ___ | _____ |
| Been enrolled in Speech Therapy | ___ | ___ | _____ |
| Been enrolled in Special Education | ___ | ___ | _____ |
| Has had or has an active 504 Plan | ___ | ___ | _____ |
| Received special help outside the classroom | ___ | ___ | _____ |
| Been enrolled in Adaptive (special) Physical Education | ___ | ___ | _____ |
| Has had psychological testing done at school | ___ | ___ | _____ |
| Has had a Student Study Team (SST) assessment | ___ | ___ | _____ |
| Has been or is in the process of being expelled | ___ | ___ | _____ |
| Been on a behavior contract | ___ | ___ | _____ |
| Been referred to the Student Attendance Review Board | ___ | ___ | _____ |

If you answered "yes" to any of the above, please describe the type of program and/or the main areas of concern (use the back of the sheet if necessary).

The student was last enrolled at _____ in _____.
Name of school City and State

Parent/Guardian Signature Date