**NEW STUDENT INFORMATION**

***información DEL NUEVO ESTUDIANTE***

Name/*Nombre*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B./*Fecha de nacimiento*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/*Edad*: \_\_\_\_\_\_

Grade/*Grado*: \_\_\_\_\_\_ Gender/*Genero*: M F Date Enrolled/ *Fecha de Inscripción*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS YOUR CHILD: YES/*SI*  NO IF YES, WRITE THE YEAR

*SU HIJO(A) TIENE* *SI ES “sí” EN QUE AÑO*

Been enrolled in a GATE (Gifted and Talented) program \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Inscrito en el programa de GATE*

Been enrolled in any ELD/ESL program (for English learners) \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Inscrito en cualquier programa de ELD/ESL*

Been enrolled in Speech Therapy \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Inscrito en el programa de Terapia de Lenguaje*

Been enrolled in Special Education \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Inscrito en Educación Especial*

Has had or has an active 504 Plan \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha tendido o tiene activo el plan de 504*

Received special help outside the classroom \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Recibido ayuda especial fuera de la clase*

Been enrolled in Adaptive (special) Physical Education \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Inscrito en Adaptar (especial) Educación Físico*

Has had psychological testing done at school \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha tenido prueba psicológica hecha en la escuela*

Has had a Student Study Team (SST) assessment \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha tenido Estudio de Estudiante (SST) evaluación*

Has been or is in the process of being expelled \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha estado o está en proceso de estar expulsado*

Been on a behavior contract \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha estado en contracto de comportamiento*

Been referred to the Student Attendance Review Board \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_

*Ha estado referido al comité de 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).

*Si usted contestó “sí” a cualquiera, describa por favor el tipo de programa y/o los motivos de preocupación principales (utilice la parte de atrás de la hoja en caso de necesidad).*

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The student was last enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*El ultimo inscripción del estudiante* Name of School/ *Nombre de Escuela* City and State/*Ciudad y Estado*

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 Parent/Guardian Signature *Firma de Padre/Guardián* Date/*Fecha*