



Day School Enrollment Form

STUDENT INFORMATION: *** Please attach applicant's current IEP for review***

Student's Full Name: _____
Last First Middle

DOB: _____ Social Security Number: _____

Diagnosis and/or IEP Classification(s): _____

Current Medications: _____

GUARDIAN CONTACT INFORMATION:

Guardian's Name: _____

Address: _____

Guardian's Phone #: _____ Email Address: _____

FUNDING AGENCY INFORMATION:

Local Educational Agency: Danville City / Mecklenburg County / Pittsylvania County

Other: _____

Address: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____