

Harwood Unified Union School District

New IEP/504 Student Form

Case Managers: Please complete this form any time a new IEP/504 student is enrolled in your school and return to Central Office.

SCHOOL: _____ Date Student Entered: _____

Student Name: _____ Case Manager: _____

Former School & School District: _____

Tuition Student? YES NO Town of Residence _____

School Choice Student? YES NO Town of Residence _____ Excess Costs? YES NO

Date of Birth: _____ Grade: _____ Gender: _____

Child Count #: _____ Disability: _____

Primary Language: _____ Race: _____

Who has custody of the student? _____ Parent, Guardian, DCF
(Name) (circle one)

If DCF has custody, please attach State Placed Enrollment Form (see School Registrar).

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Initial Eligibility Date

Most Recent Eval Date

Most Recent Plan Date

Case Manager Signature

Date Form Completed