



SOUTH BEND COMMUNITY SCHOOL CORPORATION
Special Education Services
215 South St. Joseph Street, South Bend, Indiana, 46601
Phone: 574-283-8130 Fax: 574-283-8105

Enrollment Information Sheet

Student: _____ Date of Birth: _____

SBCSC ID#: _____ STN#: _____ School: _____

Address: _____
(zip)

Parent(s) Name: _____

Date Enrolled: _____ Grade: _____

Disability Area(s): Primary: _____

Secondary: _____

Name of Teacher of Record: _____
(A TOR has a license or has applied for an Emergency Permit in the disability area of the student)

Student's Previous School: _____

If not SBCSC, please provide additional school information:

Address: _____ Phone: _____

City: _____ State: _____

Date of last IEP: _____ Date of last Psychological Evaluation: _____

REMINDER:

- 1. Out of State IEP – Needs a Newly Enrolled Student form.**
- 2. No current IEP – Need a signed Newly Enrolled Student form.**
- 3. Current Indiana IEP – Need signed Permission for Special Education Services.**

Please indicate how disability was verified: _____

Verified by: _____ Date: _____

Please attach appropriate parent permission and all available records to this form and send to Special Education Services.