

Mount Pleasant Central School District

District Office
825 Westlake Drive
Thornwood, NY 10594
Telephone: (914) 769-5500

Dr. Kurtis Kotes
Superintendent of Schools

STUDENT REGISTRATION FORM

Fill out only if the student received any of the services below in a previous school district:
IEP, 504, Early Intervention, Reading, ENL, Resource Room, Counseling, Social Work, AIS/RTI/MTSS

Student Name: _____ Grade(s) Attended: _____

Name of Previous School: _____ Credentials Awarded: _____

Address: _____ Phone: _____

Original Date of Entry into 9th Grade: _____

Please check services your child received at their previous school:

IEP ___ 504 ___ Early Intervention ___ Reading ___ ENL ___
Resource Room ___ Counseling ___ Social Work ___ AIS/RTI ___

Does your child have a known or suspected disability that substantially impacts his/her learning?
___Yes ___No

If so, describe: _____

Has your child been evaluated for a disability?
___Yes___No

If so, please describe: _____

Has your child been classified by a Committee on Special Education as a student eligible for Special Education Services?
___Yes___No

If so, please describe: _____

Has your child received any special services (i.e.) Speech, OT, PT, AIS, ENL, etc.) in a previous school?
___Yes___No

If so, Please describe: _____

I attest that the information that I have given herein is true and I understand that the District will seek restitution for tuition if it is determined that my child(ren) are not resident students of the Mount Pleasant Central School District.

Parent Name (Print)

Parent Signature

Date