

EXTENDED SCHOOL YEAR ENROLLMENT FORM

STUDENT _____ AGE _____ GRADE _____

SCHOOL _____ TEACHER _____

CHECK AREAS THAT APPLY:

| | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> CENTER BASED | <input type="checkbox"/> DAYS | <input type="checkbox"/> HOURS PER WEEK |
| <input type="checkbox"/> SPEECH | <input type="checkbox"/> MIN/WEEK | |
| <input type="checkbox"/> PHYSICAL THERAPY | <input type="checkbox"/> MIN/WEEK | |
| <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> MIN/WEEK | |

CHECKLIST:

- 1. THIS FORM COMPLETED
- 2. PARENT TRANSPORTING YES NO
- 3. EMERGENCY INFORMATION SHEET
- 4. PART III OF IEP (SECOND PAGE OF IEP)
- 5. PRESENT LEVEL AND GOAL PAGE WITH THE CRITICAL SKILL HIGHLIGHTED
- 6. HEALTH CARE PLAN (IF APPLICABLE)
DOES THE STUDENT REQUIRE A NURSE TO BE PRESENT AT SCHOOL? YES NO
- 7. BIP (IF APPLICABLE)
- 8. ANY MATERIALS NEEDED FOR ESY
(THIS INCLUDES ANY EQUIPMENT, FEEDING/TOILETING ITEMS)

- REMEMBER THAT IF THE SERVICES ARE RELATED TO BEHAVIOR, YOU MUST PROVIDE ACADEMIC MATERIALS AND ANY BEHAVIOR TRACKING DATA THAT IS USED IN THE CLASSROOM. (WE UNDERSTAND THAT SOME EQUIPMENT CAN NOT BE SENT UNTIL AFTER THE END OF THE YEAR, PLEASE MAKE A NOTE OF THAT.)
- BE SURE TO KEEP A LIST AND LABEL ALL OF THE MATERIALS THAT YOU SEND SO THEY CAN BE SENT BACK. ANY LARGE EQUIPMENT WILL NEED TO BE PACKED UP BY MAINTENANCE AND YOU WILL NEED TO MAKE THAT REQUEST ON YOUR OWN. IF YOU NEED HELP MAKING THE REQUEST ASK YOUR SCHOOL SECRETARY.

**PLEASE SUBMIT ALL ESY INFORMATION AND MATERIALS TO YOUR SCHOOL SPECIALIST BY MAY 13.
ESY PAPERWORK SHOULD BE SEPARATE FROM YOUR ANNUAL IEP.**

TEACHER SIGNATURE _____ DATE _____

**RALEIGH COUNTY BOARD OF EDUCATION
EMERGENCY INFORMATION**

Complete Name of Student: _____

Date of Birth: _____ **Age:** _____

Parent's Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Other Emergency Contact: _____ **Phone:** _____

Does your child have any allergies?

Please list any food your child is unable to eat.

Is there any other medical information we should be aware of?

**RALEIGH COUNTY SCHOOLS
SPECIAL EDUCATION TRANSPORTATION FORM**

DP 1.3 c-7

STUDENT: _____ DATE SUBMITTED: _____

AGE: _____ DATE OF BIRTH: _____ HOME SCHOOL: _____

PARENT/GUARDIAN NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

DIRECTIONS TO HOME:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Person (*other than above*):

Name: _____ Phone: _____

INDIVIDUAL EDUCATION PROGRAM TRANSPORTATION REQUIREMENT

Special Devices/Equipment to be used while aboard the bus:

- | | |
|---|---|
| <input type="checkbox"/> Federally Approved Safety Device with Aide | <input type="checkbox"/> Federally Approved Safety Vest with Aide |
| <input type="checkbox"/> Wheelchair Lift/Locks/Straps with Aide | <input type="checkbox"/> Transportation with Aide- no device needed |

Weight _____ Height _____ Torso/Waist _____ ** Use for students requiring Safety Device/Equipment

Extended Time in Transit: Yes No Medical Considerations: Yes No
(If yes, County Health Care Plan must be attached)

Physician to contact in case of Emergency: _____ Phone: _____

Parent/Designee at Bus Stop: ** (List Designee/Parent Full Name and Designee must be 18 years of age) **

PROGRAM SCHOOL: _____ School Contact: _____

Medicaid Number: _____ School Specialist _____

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