

PRE-SCHEDULING INFORMATION SHEET

*TO BE COMPLETED BY PARENT/GUARDIAN

Student's Legal Name: _____ Grade: _____

Is there a nickname the student would prefer to be called? _____

Parent Email Address: _____

In case we need to call you about scheduling, please provide a phone number where you can be reached during the day.

Phone Number: _____ Who: _____

Have you already moved into the Maplewood Middle School attendance area? Yes No

If no, what is your moving date? _____

Will the student be living with someone other than a parent? Yes No

If yes, please indicate the relationship. _____

If other than the parent, copies of legal guardianship papers are required.

Does your child have any health needs that we should be aware of at school? Yes No

If yes, please describe. _____

Does your child need to take medication at school on a regular basis? Yes No

If yes, medical paperwork will need to be completed in the Health Office.

Has your child been receiving special education or other services? Yes No

If so, please check the appropriate boxes:

LD EBD ESL OHI 504 DCD Speech Adap. Phy. Ed.

A copy of the IEP or 504 plan must be received before the student can be enrolled.

Has your child been participating in any accelerated or high potential programs? Yes No

If yes, in what subject area(s)? _____

Your child may register for band, choir, both or neither.

Does your child want to be registered in choir? Yes No

Does your child want to be registered in band? Yes No

If yes....What instrument? _____

He/she **MUST** already be able to play the instrument to sign up for band.

In order for us to provide appropriate services to your child, the following information is optional and will be kept confidential.

Has your child had any major disruption in his/her life within the past year?
i.e. death in the family, divorce or separation, long-distance moves, etc.

Is there anything else you would like to share with us so that we are better prepared to help your child?