

BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES

1122 N Lebanon St.
Lebanon, IN 46052
1-800-423-5107

765-483-3090

FAX: 765-483-3087

CHANGE OF ENROLLMENT STATUS FORM

Student Test #:

Name: DOB: GRADE:

Address: City, Zip:

Parent(s): Phone:

Teacher of Record: Home School Corp.:

Handicapping Condition: Placement School:

% Mainstreamed:

ETHNIC BACKGROUND

- A-American Indian/ Native Alaskan
- B-Asian or Pacific Islander
- C-Hispanic
- D-Black American
- E-White (non Hispanic)
- F-Multiracial

LEGAL CUSTODY STATUS

- 01-Parents
 - 02-Maternal Parent
 - 03-Paternal Parent
 - 04-Ward of Court
 - 05-Ward of DMH
 - 06-Ward of DFC
 - 07 Nursing Home
 - 08-Foster Parents
 - 09-Other
-

PLEASE CHECK AND COMPLETE

New Student

Transfer within Joint Services to:
(Teacher Name/ Building)

Transfer out of Joint Services to:

Transfer from residential facility:

Withdrawn from Joint Services program due to (Check appropriate lines)

- Graduation
- Expulsion
- Dismissed
- Quit School
- Moved from Area
- Other (please specify):

ANTICIPATED SERVICES

- Mobility Services
- Technological Aids/Adaptive Eq.
- Medical /Medically Related Svcs.
- Residential Services
- Mental Health Services
- Ongoing Employment-Related Svcs.
- Support Postsecondary Education
- Family Services
- Special Transportation
- Communication Services
- Independent Living Services
- Social Skills Training
- Vocational Training/Job
- Alternative Education
- Recreation and Leisure
- Case Management Services

Date Completed

Signature -- Teacher of Record

P:CCManual2004/ChgEnroll.Jan.2015

Print Form