

AIMSweb Student Input Information

For Adding Students

District Name:	
School Name:	
First Name:	
Middle Name:	
Last Name:	
Grade in School: (circle one)	
Service Code: (circle one)	
Gender: (circle one)	
Meal Status: (circle one)	
Ethnicity: (circle one)	
Date of Birth:	
Teacher's Name:	
Student Information System (SIS) #:	

For Changing or Transferring District/School

Student's Legal Name:	
Date of Birth:	
Grade:	
Old District:	
Old School:	
New District:	
New School:	

Completed By: _____

Date completed: _____

**Fax to WOVSED
618-378-3153**