

Student Input Information for VIP

**For new students moving into your district from a district outside of
WOVSED's area with an existing IEP in place.**

Student' Legal Name			
Birth Date		SIS #	
Parent's Name			
Address/City/Zip			
Parent's Phone #		Cell #	
Guardian's Name		Foster Child? Y N	
Address/City/Zip			
Guardian's Phone #		Cell #	
Fund Code			
Resident District			
Home School			
Serving District			
Serving School			
Services <u>Beginning Date</u>			
Grade in School (circle one)	01 02 03 04 05 06 07 08 09 10 11 12 14 (Pre-k – Attendance in an early childhood program) 15 (KG: Kindergarten)		
Ethnic Code: (circle one)	Hispanic/Latino American Indian/Alaska Native Asian Black/African American	Native Hawaiian/Pacific Islander White Two or more races	
Language	English or _____		
Gender (circle one)	M or F		

IEP Information – Does student have an active IEP? [Yes] or [No]

Eligibility	
EE/LRE	
% Inside Reg. Ed.	
Term	R Regular Only S Summer Only B Both
Related Services	
% Specialized Services	

Completed By: _____ Phone: _____
 Email Address: _____
 Fax to WOVSED
 618-378-3153