

**ANW Education Cooperative Extended School Year
Student Enrollment Form**

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____

District: _____

Primary exceptionality: _____

Secondary exceptionality: _____

Student Address: _____

Parent/guardian: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency contact #: _____

Current Building: _____ School Phone: _____

Current teacher: _____

Transportation from/to ESY

Pick up address: _____

(If applicable) Day care provider name: _____

Day care provider telephone number: _____

Drop off address: _____

(If applicable) Day care provider name: _____

Day care provider telephone number: _____

Bus aide listed on IEP? Yes _____ No _____

Medical issues: _____

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Medications:

Medication to be given at school? (If yes, list)

Allergies: _____

FBA/Behavior Intervention Plan accompanies IEP ?

Related services listed for ESY on IEP (NOTE: IEP must state time for related services)

5 reinforcers for this student:

1.)

2.)

3.)

4.)

5.)

5 preferred activities for this student:

1.)

2.)

3.)

4.)

5.)

Please note- IEP team/IEP document must include:

1.) Measurable goals and objectives specifically for ESY.

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2.) Anticipated services section of IEP must list # of minutes per day in specially designed instruction and dates (180 minutes 4 days weekly from June 8th-July 1st.)

3.) Related services must state what related services are necessary during ESY with dates and amount of time per week (e.g., speech-language, OT, PT, APE, school health).