



Thank You for Choosing Teachwell Academy

Enrollment in Teachwell Academy starts with a request from a local school district. If you have questions, please contact Teachwell Academy Principal Tiffany Svennes at (605) 367-7680 or at tiffany.svennes@teachwell.org.

ABOUT THE STUDENT

STUDENT NAME

DATE OF BIRTH

FIRST _____ LAST _____ MIDDLE _____ MM DD YY

GENDER

ETHNICITY

STUDENT ID NUMBER

GRADE

FEMALE _____ MALE _____

Is the student currently on an Individualized Education Program or a 504 Plan? YES NO
 Does the student currently receive education-related therapy? YES NO
 Does the student qualify for free or reduced-price meals? YES NO

PARENT OR GUARDIAN INFORMATION

FIRST NAME _____ LAST NAME _____ RELATIONSHIP TO STUDENT _____

HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISTRICT AUTHORIZATION

DISTRICT CONTACT

TODAY'S DATE

FIRST NAME _____ LAST NAME _____ POSITION _____ MM/DD/YY _____

SCHOOL DISTRICT _____ SCHOOL BUILDING _____ PHONE NUMBER _____

STUDENT RECORDS CHECKLIST

Along with this enrollment form, the school district must also send:

1. Current grades and transcripts
2. Copies of immunization records and the student's birth certificate
3. If applicable, copies of: Student IEP, Personal Learning Plan, Free or Reduced-Price Meal Application

SEND FORM AND RECORDS TO

email | karin.reisch@teachwell.org fax | 605-367-6036

Mailing Address | Teachwell Solutions – 824 East 14th Street, Sioux Falls, SD 57104

TEACHWELL
INTERNAL
USE ONLY

START DATE _____ END DATE _____ EXIT CODE _____

STUDENT SERVICES: SPECIAL EDUCATION FOUNDATIONS THERAPY