

# Student Registration Form

## Teachwell Transitions—Project SEARCH

### Project SEARCH Registration

Angie Mulder – Program Coordinator

angie.mulder@teachwell.org (605) 322-5071

Student name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Teachwell Transitions Registration

Sära Hanson – Program Coordinator

sara.hanson@teachwell.org (605) 367-7680

Student name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### District Placement Information

District: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Annual Tuition: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

### Student Education Information Checklist:

\_\_\_\_\_ Current Grades & Transcript

\_\_\_\_\_ IEP Disability code: \_\_\_\_\_

\_\_\_\_\_ 3-Year Evaluation

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Copy of Birth Certificate

Transportation Provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

Return completed and signed form to:  
TEACHWELL SOLUTIONS— 715 E 14TH STREET—SIOUX FALLS, SD 57104  
Phone (605) 367-7680—Fax (605) 367-6036