

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

Andrea Bookout – Program Coordinator

Andrea.bookout@teachwell.org (605) 367-7680

Student name: _____

Gender: Male _____ Female _____

Birthdate: _____

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Voc Rehab Counselor's Name _____ Phone _____

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

_____ 3-Year Evaluation

_____ Copy of guardianship papers (if applicable)

Transportation Provided? _____ Yes _____ No

_____ Copy of Social Security Card

_____ Immunization Records

_____ Copy of Birth Certificate

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