ENROLLMENT FORM: TEACHWELL THRIVE - TEACHWELL PROJECT SEARCH - TEACHWELL STRIVE

CTUDENT ID #

DATE OF DIDTH

Thank You for Choosing Teachwell Transitions

Enrollment in Teachwell Transitions programs begins with a request from a local school district. If you have questions, contact Joan Frevik at (605) 367-7680 or joan.frevik@teachwell.org.

ABOUT THE STUDENT

CTUDENT NAME

FIRST LAST MM DD GENDER ETHNICITY TRANSITION PROGRAM PLACEMENT FEMALE MALE THRIVE PROJECT SEARCH STRIVE VOCATIONAL REHABILITATION COUNSELOR INFORMATION FIRST NAME LAST NAME PHONE NUMBER Does the student currently receive education-related therapy? 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 DATE FIRST NAME LAST NAME POSITION MM DD SCHOOL DISTRICT SCHOOL BUILDING PHONE NUMBER	STODENTN	NAIVIE		3	TODENT ID#	DATE	OF BIK	111
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STUDENT RECORDS CHECKLIST

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

- 1. Current grades, transcripts and the student's individualized education plan (IEP)
- 2. Copies of immunization records and the student's birth certificate
- 3. If applicable, copies of: Documentation of legal guardianship

SEND FORM AND RECORDS TO

email | <u>karin.reisch@teachwell.org</u> fax | 605-367-6036 Mailing Address | Teachwell Solutions - 715 East 14th Street, Sioux Falls, SD 57104

INTERNAL			
IINILKINAL	START DATE	END DATE	EVIT CODE
LISEONIV	STAKT DATE	END DATE	EXIT CODE