



## 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 Kari Piekarski at (605) 367-7680 or at [kari.piekarski@teachwell.org](mailto:kari.piekarski@teachwell.org).

### ABOUT THE STUDENT

<b>STUDENT NAME</b>			<b>DATE OF BIRTH</b>		
_____	_____	_____	____	____	____
FIRST	LAST	MIDDLE	MM	DD	YY
<b>GENDER</b>		<b>ETHNICITY</b>	<b>STUDENT ID NUMBER</b>		<b>GRADE</b>
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

<b>DISTRICT CONTACT</b>			<b>DATE</b>		
_____	_____	_____	____	____	____
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](mailto:karin.reisch@teachwell.org) fax | 605-367-6036

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

TEACHWELL  
INTERNAL  
USE ONLY

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ EXIT CODE \_\_\_\_\_  
STUDENT SERVICES: SPECIAL EDUCATION FOUNDATIONS THERAPY