



Information Form
 Student Service's Phone: 262-560-2157 or 2155
 Student Service's Fax: 262-560-2173

Child's Name: _____ Child's Birthdate: _____
 Child's Grade: _____ Child's Place of Birth: _____

Is English the primary language spoken in your home? Yes No
 Does anyone in your home speak a language other than English Yes No

If yes, what is the other language? _____

Does your child understand and speak this language? Yes No

What Language did your child learn when first beginning to talk? _____

What language is most often spoken by the adults in the home? _____

Please indicate if you suspect or are aware of any of the following;

| Conditions | Yes | No |
|----------------------------------|-----|----|
| Orthopedically Impaired | | |
| Intellectual Disability | | |
| Hearing Impairment (uncorrected) | | |
| Visual Impairment (uncorrected) | | |
| Speech or Language Impairment | | |
| Emotional Behavioral Disability | | |
| Specific Learning Disabilities | | |
| Other Health Impaired | | |
| Traumatic Brain Injury | | |
| Autism | | |
| Significant Developmental Delay | | |

Does your child have an IEP from your previous school district? Yes No

Does your child have a 504 plan from your previous school district? Yes No

Have there been any recent events that might affect your child emotionally and thus affect school performance, such as a birth, death, remarriage, etc? If yes, please explain: Yes No

Are there any other points that you would like the school to take into consideration in working with your child? If yes, please explain: Yes No

Has your child been retained for a grade? If yes, what grade: _____ Yes No

Has your child ever been expelled from school? Yes No

 Parent Signature

 Date

**We ask that this form be returned even though conditions listed may not exist.
 Any information will be treated confidentially.**

Declaracion de Traducción: Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Martita Mirsberger al (262) 560-8306 ext 8343.

Nondiscrimination: The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.