

**BERRIEN SPRINGS PUBLIC SCHOOLS / SUCCESS ACADEMY PROGRAMS**  
**REVIEW OF PROGRAMS AND SERVICES: PLEASE PRINT CLEARLY**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Email \_\_\_\_\_

Has your student ever been enrolled in a public or private school or received services from a public school while being home schooled? Check: **YES** – fill out below **NO** – skip to dotted line

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PREVIOUS PRINCIPAL: \_\_\_\_\_

<b>CHECK ALL THAT CURRENTLY APPLY TO MOST PREVIOUS ACADEMIC PROGRAMMING:</b>
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My student has had Special Education Services or other services checked below in the past :

\_\_\_\_\_ SPECIAL EDUCATION SERVICES/CURRENT IEP  
(PROVIDE COPY OF IEP/MET REPORT AT TIME OF ENROLLMENT)  
**\*send form to spec. education office**  
DISABILITY: \_\_\_\_\_

\_\_\_\_\_ SPEECH SERVICES  
(PLEASE PROVIDE CURRENT IEP)  
**\*send form to spec. education office**  
\_\_\_\_\_ 504 PLAN **\* send form to building principal & Aly Gorby @MS**

\_\_\_\_\_ SPECIFIC MEDICAL DIAGNOSIS RELATING TO DISABILITY  
PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_ ESL SERVICES (ENGLISH AS A SECOND LANGUAGE)  
**\*send to building ESL teacher**  
\_\_\_\_\_ TITLE I SUPPORT SERVICES **\*send to building Title I teacher**

\_\_\_\_\_ CURRENT BEHAVIOR PLAN OR CHILD STUDY TEAM (building admin.)

\_\_\_\_\_ SUMMER SCHOOL OR EXTENDED DAY PROGRAMS (building admin.)

\_\_\_\_\_ OTHER: \_\_\_\_\_ (building admin.)

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**My student has not had Special Education Services nor any of the services listed above  
or has been formally discontinued from such services – check here:**

\_\_\_\_\_ **NO CURRENT PROGRAMMING/SERVICES**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CA60 FILE RECEIVED (OFFICE ONLY) DATE: \_\_\_\_\_

HOME SCHOOL PARTNERSHIP