STUDENT INFORMATION FORM

KID'S ID NO._____

Primary Provider _____

REQUIRED FOR EACH STUDENT ENTERING, EXITING OR CHANGING EXCEPTIONALITY AND FORWARD TO MAIN OFFICE.

___NEW ___RETURNING ___EXITED ___EXCEPTIONALITY CHANGE

Home USD#_____ LEA NAME: **Tri-County Special Education**
Interlocal No. 607
P.O. Box 668
Independence, KS 67301

STUDENT'S NAME:_____
Last First MI

GENDER: M F DATE OF BIRTH:_____

SOCIAL SECURITY NUMBER:_____

PRIMARY EXCEPTIONALITY:_____

EXCEPTIONALITY CHANGE FROM_____ TO_____

ON _____SERVICES: STARTED ENDED RESUMED CHANGED
(DATE) (Please circle one)

EXIT STATUS: _____MOVED (Transferred in State and where)

_____Objectives Completed _____Withdrawn _____ Dropped

_____Graduated and Date

Revised 4/09