

The School District of Springfield Township

Student Information Sheet

Child's
Name _____ Nickname* _____
*The name your child would like to be called in school.

How long have you resided in Springfield Township? _____

Previous Address: (if less than 3 years in the township)

If transfer student, reason for transfer:

Does your child have any physical or emotional concerns that our school should be aware of to assist us in his/her educational program? _____ no _____ yes, please explain _____

Has your child received special help in any of the following areas?

Speech: _____ yes _____ no Medical: _____ yes _____ no Psychiatric: _____ yes _____ no

Other: _____

Does your child have an IEP? _____ yes _____ no

If yes, have you included a copy? _____ yes _____ no

Is parental custody with both parents? _____ yes _____ no

If physical custody *is not* with both parents, and one parent lives at a separate address, please read and sign the *Student Custody Form*.