

Student Enrollment Form

School Year ____ - ____

RENEWAL—MEMBERSHIP # _____

NAME OF

STUDENT _____

GRADE*

LAST NAME

FIRST NAME

MIDDLE NAME

BEGINNING DATE OF

HOME SCHOOLING: _____ **ENDING DATE:** _____

The attendance year may begin anytime on or after June 1, but 180 school days must be documented by May 31. (The deadline to enroll high school students in Tracks I, II, and IV is September 15 for the first semester and January 15 for the second semester.)

SPECIAL NEEDS: YES NO

IF HIGH SCHOOL: TRACK I
 TRACK II
 TRACK III
 TRACK IV

Is this student skipping a grade? Yes No

Is this student being retained? Yes No

If YES to either question, please explain: _____

In the past year has this child been diagnosed with a learning disability, speech problems, or any other handicap that affects his/her educational achievement? Yes No

If YES, please explain: _____

Was this student registered in the **Special Needs Program last year?** Yes No

Do you wish this student to be registered in the **Special Needs Program this year?** Yes No

If YES, please enclose a copy of the diagnosis and most recent evaluation of the student's needs unless this information is already in your student's SCAIHS file.

*As the primary instructor, you are aware of your child's academic abilities and the level at which he or she functions. You, the parent, are responsible for deciding the grade-level placement. The level in which a child is enrolled will determine the level at which the child will be tested in the spring. It is not unusual for home-school students to take subjects on a variety of levels. The child's grade level, however, should not exceed the child's reading ability. Some children are able to master course work well above grade level. When making grade placement decisions, consideration should also be given to the child's maturity and chronological age. If your student is currently reading two or more levels below his/her grade level classification, SCAIHS may require enrollment in the Special Needs Program and/or additional testing.

For Office Use Only:

Submitted online:
___ CD
___ Nov. PR
___ Mar. PR
___ SN Ckfst
___ June PR
___ CCR
___ Year-end RC
___ Inc. Crs.
___ TX Req.