



EWING SCHOOL
REQUEST FOR ENROLLMENT
PRESCHOOL/SCHOOLAGE PROGRAM

County _____

Date _____

Program: Preschool Typical Preschool Schoolage Project WAVE

Applicant: Last Name _____ First Name _____ MI _____

DOB: _____ Sex: Male Female

Address: _____

Parents/Guardians:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Parents/Guardian Address (if different from child's) _____

School District of Residence: _____

Diagnosis/Disability Condition: _____

Does your child have an IEP? Yes No An ETR? Yes No

Medication/s: _____

List any/all therapies child is currently receiving: _____

Special Accommodations/Assistive Devices: _____

Transportation Needs: _____

I request the above name applicant be accepted into the Washington County Board of Developmental Disabilities Ewing School Program.

Parent/Guardian Signature

Date

Enrollment accepted: Yes Not at this time Waiting List

Start Date _____ Teacher _____ If Preschool; AM PM

Principal/WCBDD Representative Signature

Date