



ICHSAP Enrollment Form

Student First Name	Student Last Name	Birthdate

ICCSA Attendance Area School	Grade

Parents / Legal Guardians
1
2

Parent Home Address
1
2

Parent Contact Information
Parent Email:
Parent Phone:

Turn page to complete form-

Please mark Y or N and list details on any of the below programs your child participates in.

IEP		504	

Please detail any special or medical needs your child has here.

Please circle any of the ICCSD curriculum you would be interested in having access to.

Math	Language Arts	Other(please list)_____
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ISASP Assessment Interest -Y or N	Desired Testing Site (ICHSAP or Attendance Area School)

FAST Assessment Interest -Y or N	Desired Testing Site (ICHSAP or Attendance Area School)

----- Items below this line are for ICHSAP staff to complete -----

Form A Date	ICHSAP- Y or N	Dual Enrollment- Y or N

CPI- Teacher of Record