



Hemet Unified School District
 Centralized Student Services
 2085 W. Acacia Ave. Hemet, CA 92545
 951-765-5100 x 3580
www.hemetusd.k12.ca.us

Student Name: _____

SUPPLEMENTAL ENROLLMENT INFORMATION FORM

List previous three schools attended - list most current school first:

1. School	Address	Dates attended
2. School	Address	Dates attended
3. School	Address	Dates attended

I certify that my child:

- Has **never been** enrolled in a special program.
- Was **previously, but is not currently**, enrolled in a special program. (Check program below).

Date exited from program _____

 Name of School City State

- Is **currently** enrolled in a special program and/or receiving special services. (Check program below).

- | | |
|---|---|
| <input type="checkbox"/> Adaptive Physical Education (APE) | <input type="checkbox"/> English Language Development (ELD) |
| <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Language and Speech Program (LAS) |
| <input type="checkbox"/> Resource Specialist Program (RSP) | <input type="checkbox"/> Special Day Class (SDC) |
| <input type="checkbox"/> Visually Impaired Program (VI) | <input type="checkbox"/> Other: Specify _____ |
| <input type="checkbox"/> Severely Handicapped Program | _____ |

I certify that my child:

- Has never been retained.
- Was retained in _____ grade at _____ school in _____ School District



 Parent/Guardian Signature

 Date



 Print Parent/Guardian Name