**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

# EMBRACE NEW STUDENT DATA ENTRY

# (GENERAL ED. STUDENTS ONLY)

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| --- | --- | --- | --- |
| Student Name: First:  | Middle:  | Last:  | Language:  |
| Phone:  | DOB:  | Sex: M [ ]  F [ ]  N [ ]  | Grade:  | Ethnicity:  |
| Resident District #:  | Serving District #:  | School of Attendance:  |
| SIS #:       | Medicaid #:       |
| Student resides with: [ ] Mom [ ] Dad [ ] Parent [ ] Both Parents [ ] Guardian [ ] Foster [ ] Other:  |
| Parent/Guardian 1:   | Language:     |
| Address:  | City, State, Zip:  |
| Home Phone:  | Work Phone:  |
| Cell Phone:  | Email:  |
| Parent/Guardian 2:   | Language:      |
| Address:  | City, State, Zip:  |
| Home Phone:  | Work Phone:  |
| Cell Phone:  | Email:  |
| **Foster Child:** Yes [ ]  No [ ]   |
| Form completed/submitted by:  | Contact Phone:  |

**Please email completed Embrace New Student Entry Form to lroberts@seapco.org.**

 **Processor’s Initials \_\_**\_\_\_\_\_\_\_\_

 **Date Processed**: \_\_\_\_\_\_\_\_\_\_\_\_\_

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