**SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY**

# EMBRACE NEW STUDENT DATA ENTRY

# (GENERAL ED. STUDENTS ONLY)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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