



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL 61607

Ph: 309-697-0880 FAX: 309-697-0884

EMBRACE IEP NEW STUDENT DATA ENTRY*

(For General Ed. Students Only)

First Name:		Middle:		Last:	
Phone:	DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>		Grade:	Ethnicity:
Resident District #:	Serving District #:		School of Attendance:		
SIS #:		Language:		Medicaid #:	
Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>					
Form completed/submitted by:			Contact Phone:		

Comments:

***Please email completed form to lroberts@seapco.org.**

Note: Please submit new student entries for 504 plans via the Google 504 New Student Form.

For Office Use Only

Processor's Initials _____

Date Processed: _____