

ENROLLMENT SUPPLEMENT for NEW STUDENTS
In the ROCKINGHAM COUNTY SCHOOL SYSTEMS
Dillard Elementary School

Directions: This form must be filled out by the student's parent or guardian as part of the enrollment process for all new students in the Rockingham County Schools System.

This original form should be kept by the school enrollment office.

A copy of this form should be given to the school's EC contact, if appropriate.

Student Name: _____ Grade _____

My Son/Daughter _____ Yes No _____

Was your child receiving services in the Exceptional
Children's Program at his/her former school? _____

Did your child have an IEP at his/her school? _____

If yes, circle your child's identification in the Exceptional Children's Program:
AU, LD, EMD, BED, OHI, or other.

Does your child have a medical diagnosis of ADD or ADHD? _____

Does your child have a Section 504 Accommodation Plan? _____

Was your child in an Academically Gifted or Advanced
Learner Program at his/her school? _____

Is your child on any daily medication? _____

If yes, please list: _____

Does your child have a medical condition of which the
school should be aware of? _____

If yes, please explain; _____

Parent/Guardian Signature _____ Date _____