

Belding Area Schools

The right size. The right choice.

1975 Orchard Street
BELDING, MI 48809
Phone 616-794-4700
Fax 616-794-4730

TO:

FROM: Belding Area Schools

RE: Request for Immediate Response

DATE:

**NOTICE: DO NOT MAIL CA 60 AT THIS TIME!
PLEASE RESPOND VIA FAX.**

The student listed is seeking enrollment at Belding Area Schools. **Please complete this form and fax the documents listed below to assist us in making an enrollment decision.** Please do not send the CA 60 at this time. **This student will not be allowed to enroll until we have received this requested information from your school district.**

Thank you for your compliance with this request.

Name: _____ **Grade:** _____ **Date of Birth:** _____

Please indicate any special services the student is receiving in your district:

<input type="checkbox"/> Speech	<input type="checkbox"/> Learning Center	<input type="checkbox"/> Counseling
<input type="checkbox"/> Resource	<input type="checkbox"/> Social Work	<input type="checkbox"/> Teacher Consultant
<input type="checkbox"/> Emotionally Impaired	<input type="checkbox"/> Child Study	<input type="checkbox"/> Reading
<input type="checkbox"/> Categorical	<input type="checkbox"/> Title I	<input type="checkbox"/> Alternative Ed.
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Transitional	<input type="checkbox"/> Other: _____

Please include the following with your return fax:

Immunization records
Birth certificate
Current MET (if applicable)
Last IEPC (if applicable)
Orders of protection or other relevant court orders (if applicable)
Other: _____

Please note: If any of the above referenced information is available only by contacting some other department within your organization, or other agency within your community, please forward, or advise us as to the appropriate mailing address.

Signature of parent/guardian or student (if over 18)

date

FOR OFFICE USE ONLY:

Date Faxed: _____ Date Received: _____