

Frankton-Lapel Community Schools

Student Information Form

Student's name: \_\_\_\_\_ STN: \_\_\_\_\_

DOB: \_\_\_\_\_ CC date: \_\_\_\_\_

Does the student have limited English Proficiency? \_\_\_ Yes \_\_\_ No

Current School Year

Home school: \_\_\_\_\_ School attending: \_\_\_\_\_

Program Area: \_\_\_\_\_ Grade: \_\_\_\_\_

Secondary area: \_\_\_\_\_ LRE: \_\_\_\_\_

\_\_\_ ED Full Time (51% or more) \_\_\_ ED Part Time (50% or less)

Teacher of Record: \_\_\_\_\_

Related Services: \_\_\_\_\_

Statewide Testing: \_\_\_ Not a mandated testing grade level this year \_\_\_ ISTAR Assessment

\_\_\_ ISTEP no accommodations \_\_\_ IMAST no accommodations \_\_\_ ECA no accommodations

\_\_\_ ISTEP with accommodations \_\_\_ IMAST with accommodations \_\_\_ ECA with accommodations

Next School Year

Home school: \_\_\_\_\_ School attending: \_\_\_\_\_

Program Area: \_\_\_\_\_ Grade: \_\_\_\_\_

Secondary area: \_\_\_\_\_ LRE: \_\_\_\_\_

\_\_\_ ED Full Time (51% or more) \_\_\_ ED Part Time (50% or less)

Teacher of Record: \_\_\_\_\_

Related Services: \_\_\_\_\_

Statewide Testing: \_\_\_ Not a mandated testing grade level this year \_\_\_ ISTAR Assessment

\_\_\_ ISTEP no accommodations \_\_\_ IMAST no accommodations \_\_\_ ECA no accommodations

\_\_\_ ISTEP with accommodations \_\_\_ IMAST with accommodations \_\_\_ ECA with accommodations