

Additional Enrollment Information

Lahainaluna is committed to meeting the needs of each student. To assist us, please share with us all information that will help us provide for the needs of your child.

Last name: _____
First name: _____

#1 Special Education—circle choice YES or NO

My child PREVIOUSLY or IS CURRENTLY receiving:
 Special Education Services
 Section 504 Services
I have copies of the following: (check all that apply)
 IEP 504 Plan
 Diagnostic Reports

#3 Honors/Advanced Classes—circle YES or NO

My child IS CURRENTLY taking honors or advanced classes in

#2 Special Services—circle YES or NO

My child IS CURRENTLY receiving services with regards to
 Speech Hearing Visual
 ESLL (English as a Second Language)

#4 Counseling Services—circle YES or NO

My child IS CURRENTLY receiving counseling services from a school or outside agency. Please specify:

#5 Physical Needs—circle choice YES or NO

Doctor's note is REQUIRED and action plan should be submitted to the Health Aide

Health Action Plan submitted
 No physical education from _____ to _____
 Requires medication **to be administered in school** (medication) _____
 Other medical needs, please explain.

#6 Legal Guardianship. If anything other than **BOTH** parents are marked, legal documentation is required and must be provided.

A. Who has LEGAL CUSTODY of the child? BOTH mother and father
(If not BOTH parents, please print information below.)
 (Last, First) _____ relationship to student _____
 (Last, First) _____ relationship to student _____

B. Who has PHYSICAL CUSTODY of the child? BOTH mother and father
(If not BOTH parents, please print information below.)
 (Last, First) _____ relationship to student _____
 (Last, First) _____ relationship to student _____

C. Is there anything that the school should know about (visitations, restraining orders, etc)? Please explain.

#7 Accuracy of Information (parent/guardian signature)

All of information above is correct. If there are any changes, I will let Lahainaluna High School know as soon as possible.
_____ Date _____

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