Student Name: _______________________________        Grade: ______________

Please indicate **Yes** or **No** as to whether your child is presently or has in the past received any of the following services:

1. Has student ever attended an HISD school?   ___Yes    ___No
   Which one? ___________________________ Graden(s):__________

2. Bilingual/ESL       ___Yes    ___No

3. Special Education?
   A. Resource   ___Yes    ___No
   B. Speech    ___Yes    ___No
   C. Other     ___Yes    ___No
      Please, specify________________________________________

4. Section 504 services?   ___Yes    ___No

5. Gifted and talented classes?   ___Yes    ___No

6. Retained? ___Yes    ___No    If yes, what grade?______________

7. Does your child have any special health problems or take medications at school?
   If yes, describe ____________________________________________

   _______________________________________________________

   _______________________________________________________

8. Other information you think might be helpful. ____________________________

   _______________________________________________________

   _______________________________________________________