



Dassel - Cokato District Office

4852 Reardon Ave. SW, Suite 1700 ■ Cokato, MN 55321
320-286-4100 ext. 1000 ■ www.isd466.org

Special Education Enrollment Information

Legal Last Name:	Legal First Name:	Middle Name:	Birthdate:
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Address

Guardian/Foster Parents

Custody Status

Parental Rights Terminated? Yes No Ward of State? Yes No

Biological Parent(s) Name(s)

Address

School District of Biological Parent(s)

Previous Schools Attended

School:	City:	Dates Attended:
School:	City:	Dates Attended:
School:	City:	Dates Attended:

What services has this child/student received or is receiving? (Please check all that apply.)

Help Me Grow (Birth-3 Special Education) Speech Title I ESL/ELL Gifted/Talented Special Education (IEP) 504

Have IEP (Individual Education Plan) services been in place?

Current IEP? Yes No Previous IEP? Yes No

What was the primary disability on the last IEP?

Is special transportation documented on the IEP?

Yes No

Office Use Only

Please send this form to Sped Secretary.