

Enrollment Supplement - New Students
Salem High School
Salem, VA

Student Full Name: _____

Last School Attended: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

List last three schools attended and dates of attendance:

1) _____ Grade: _____ Dates: _____

2) _____ Grade: _____ Dates: _____

3) _____ Grade: _____ Dates: _____

Has the student EVER attended a Salem City school? Yes _____ No _____

List the names of other siblings in the family who attend Salem City Schools:

Name	Age	School child attends

Please check appropriate box. Yes No

Has the student ever been in a Special Education program?

Does the student have an active IEP?

Please check program: LD ED OHI EMD Speech Other _____

Does the student have an active 504 plan?