

14. Language first used by student_____
15. Primary language spoken in the home_____
16. School last attended_____
17. Address of school_____Telephone_____
18. Dates of Attendance_____Name of Teacher in last year_____
19. Date of withdrawal from previous school_____
20. Grade on last day attended_____
21. Was this student receiving services under speech therapy, resource room, a program for exceptional children or special education? (Circle one) Yes No
If yes, please describe program_____
- _____
22. Please describe any condition(s) that would prevent your child from participating in a full school program in Franklin Township_____
- _____

Signature of Parent or Guardian

Date