



ROSEVILLE COMMUNITY SCHOOLS

ADMINISTRATION BUILDING
18975 CHURCH STREET
ROSEVILLE, MICHIGAN 48066
OFFICE: 586-445-5500 | FAX: 586-771-1772

SUPERINTENDENT
Mark Blaszkowski

DIRECTOR OF SPECIAL EDUCATION
Teresa Tomala
Office: 586-445-5675
Fax: 586-445-5679

ENROLLMENT FORM – FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION FROM PREVIOUS SCHOOL

IF STUDENT HAS A 504, PLEASE CHECK HERE _____

_____	_____	____/____/____	_____
Student Legal Last Name	Student Legal First Name	Birthdate	School Enrolling
_____	_____	_____	_____
Student Address	City	MI	Zip Code
_____	_____	_____	_____
Parent (Guardian) Last Name	First Name	Home Phone	Cell/Work Phone
_____	_____	_____	_____
Prior School County	Prior School District	Prior School Building	Current Grade

****Please provide the most recent IEP (Individualized Education Program) and other current Special Education documents at the time of enrollment to assist in identifying building, programs and services.****

PARENT/GUARDIAN INPUT:

Student Strengths:

Behavioral Performance:

Social Interaction:

Please describe your concerns for your student:

Please describe areas you feel your student needs assistance:

Describe any concerns your student may have about school:

Additional Comments:

Signed: _____ Date: _____

Board of Education

Theresa Genest, President • Kevin Switanowski, Vice-President
Joseph DeFelice, Secretary • Matthew McCartney, Treasurer
Gina Aiuto, Trustee • Michael Anderson, Trustee • Michelle Williams-Ward, Trustee



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PERMISSION TO RELEASE SPECIAL EDUCATION RECORDS

STUDENT NAME: _____ **BIRTHDATE:** _____

I, the undersigned, hereby authorize the release of special education records for the above student from:

_____ Attention: Special Education Dept.

Name of Prior School District

Address _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Fax:** _____

TO: Roseville Community Schools.

The information provided and/or requested includes:

- Special Education Records (IEPC and MET reports, etc.)
- Psychological Report
- Psychiatric Report
- Social Work Report
- School Report
- Medical Report
- Ongoing Consultation
- Other: _____

Parent enrolled without proper documentation. Please fax current IEP and eligibility documents for immediate and appropriate placement. Thank you.

Roseville Community Schools, Special Education Department

18975 Church Street, Roseville, MI 48066

Phone: 586-445-5675 Fax: 586-445-5679 Email: sheadlee@roseville.k12.mi.us (SE Admin. Asst.)

Attn: Teresa Tomala, Director

Your cooperation is greatly appreciated.

Parent/Guardian

Date

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Witness

Date

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