

Student Services/Conduct Verification Form

Student's Name:					
Schoo	l Year Registering For: 20) 20	Grade Registering	g For:	
Please answer the following questions by initialing beside the appropriate answer:					
1.	My child has an IEP or a lf yes, a copy of the IEP or Le				
2.	My child has received a If yes, a copy of the conduct		· · · · · · · · · · · · · · · · · · ·	No	
The school Principal determines optimal class sizes. Classroom placement will be determined by the Principal after review of all records. If, after the records are reviewed, a concern exists about a student's appropriate placement, a conference will be scheduled.					
All transfer students will be placed on a six month academic and behavior probation period. An academic screening will be required before grade placement is confirmed. The school office will contact parents in May to schedule a date for the screening.					
I certify that the information given here is accurate. I understand that offering inaccurate or incomplete information could result in a student's dis-enrollment from St. Joseph School.					
Parent/Guardian's Signature			Date	Date	
Office Use Only: Record for any applicable Reports					
IEP Re	eport Received by:	Date Received:	Given to:	Date:	
	ing Plan Received by:				
Cond	uct Report Received by:	Date Received:	Given to:	Date:	