



# WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334

610-892-3470 X 1506

**SPECIAL SERVICES - All registrants must sign and acknowledge that they have read this document.**

## SPECIAL EDUCATION

- Does your child have a current Individualized Education Plan (IEP)?  Yes  No  
If you answered Yes above, please check **Related Services** below:
  - Related Services:** Speech/Language Therapy  Yes  No
  - Occupational Therapy  Yes  No
  - Physical Therapy  Yes  No
- Has your child ever had an Individualized Education Plan (IEP)?  Yes  No  
If you answered Yes above, when? \_\_\_\_\_
- Does your child have a current Evaluation or Reevaluation Report (ER/RR)?  Yes  No
- Has your child ever had an Evaluation or Reevaluation Report (ER/RR)?  Yes  No  
If you answered Yes above, when? \_\_\_\_\_

## GIFTED EDUCATION

- Does your child have a Gifted Individualized Education Plan (GIEP)?  Yes  No
- Has your child ever had a Gifted Individualized Education Plan (GIEP)?  Yes  No  
If you answered Yes above, when? \_\_\_\_\_
- Does your child have a Gifted Written Report (GWR)?  Yes  No
- Has your child ever had a Gifted Written Report (GWR)?  Yes  No  
If you answered Yes above, when? \_\_\_\_\_

## 504 SERVICE AGREEMENT

- Does your child have a current 504 Service Agreement?  Yes  No  
504 includes: Occupational Therapy  Yes  No  
Physical Therapy  Yes  No
- Has your child ever had a 504 Service Agreement?  Yes  No  
If you answered Yes above, when? \_\_\_\_\_

**My child, \_\_\_\_\_, DOES NOT currently receive Special Services.**

**Please provide the Registrar with a copy of all documents pertaining to your child's Special Services.**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_  
acknowledge that the questions above are answered to the best of my knowledge and understanding.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions in reference to Special Services, please contact the Student Services Department at 610-892-3470 ext. 1505 or ext. 1509.

Student First Name \_\_\_\_\_  
Student Last Name \_\_\_\_\_