

Student Additions/Deletions 2016 – 2017 School Year

School District: _____ School Name: _____

Contact Person: _____ Tel: _____

Check the box for the month for which you are reporting:

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the month indicated above, please record the names and requested information for all students added to or deleted from your Special Education Department as follows:

Additions: All students newly identified under the IDEA, or IDEA students transferred into your district

Deletions: Students who were dismissed from Special Education, dropped out of school, transferred out of your district, or passed away

Newly Identified Students:

- Record student’s name.
- Enter DOB and Medicaid ID.
- Check the column marked “I”.
- Enter District of Liability.
- Record Special Education Entry Date.

Transferred Students:

- Record student’s name and DOB.
- Check the column marked “T”.
- Enter the current District of Liability.
- Enter the district the child transferred to/from.
- Enter the Special Education Entry or Exit Date.
- For each child exiting, please also record an exit reason, i.e., dropped out, dismissed, transferred, or deceased.

Student Name	DOB	Medicaid Number	I	T	District of Liability	Transferred to/from	Entry Date	Exit Date	Exit Reason
Identified Student	1/1/2003		x		Dover		9/1/2009		
Transfer Student	8/2/1999			x	Manchester	To Manchester		9/14/2009	Transfer
Exited Student	9/6/1995			x	Dover			9/30/2009	Dismissed

The above Additions/Deletions enrollment information is accurate for the month of _____ in the 2016 – 2017 school year.

Signature

Date

Please fax completed forms to (603) 692-0857

