

P.S. 360Q Seat Inquiry Form (Grades 1 to 5) 2024-2025

STUDENT INFORMATION

Student birthdate: Month /Day/Year _____ Student Gender: _____

Student (first, middle, last) Name: _____

Current Grade: _____ Grade Requested: _____

Home Address: _____

City _____ State _____ Zip _____

CURRENT SCHOOL INFORMATION:

Please circle: Public or Private or Homeschooled

Current Name of School enrolled: _____

Has your child ever had an **Individual Education Plan (I.E.P.)**? ___Yes ___No ___Not sure

Does your child **currently** receive any **Special Education Support Services**? ___Yes ___No

{If yes, please check all that apply}

___SETTS ___Physical Therapy ___Occupational Therapy ___I.C.T. (Integrated Co-Teaching)

___Speech ___12:1:1 ___Counseling ___Other: _____

In the **past**, has your child received any **Special Education Services** or been **evaluated** for an **IEP**?

{If yes, check what applies}

___SETTS ___Physical Therapy ___Occupational Therapy ___I.C.T. (Integrated Co-Teaching)

___Speech ___12:1:1 ___Counseling ___Other: _____

Does your child receive **English Language Learner (ELL)** Services? ___Yes ___No

How did you hear about PS 360Q? _____

PARENT/GUARDIAN ATTESTATION ACKNOWLEDGEMENT:

I acknowledge that the information given above is accurate and true.

I understand that falsifying/misrepresenting the truth will void my child's placement at PS 360Q.

I have attached a copy of my child's last report card and (if applicable a copy of the I.E.P.)

Parent/Guardian Name (print): _____

Parent/Guardian (signature): _____

Cell Phone #: _____ Alternate #: _____

Email address: _____

NOTE:

If a seat becomes available, we will contact you. Thank you for your interest.