

FARB SPECIAL EDUCATION STUDENTS  
MATRICULATION FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Annual Due \_\_\_\_\_ Tri Due \_\_\_\_\_

Primary Disability \_\_\_\_\_

DIS Services:

Primary Service \_\_\_\_\_

SLP \_\_\_\_\_

OT \_\_\_\_\_

APE \_\_\_\_\_

PT \_\_\_\_\_

Other \_\_\_\_\_

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Please mark Appropriate Placement in each Curriculum Area as written in IEP.

ENGLISH: Seminar \_\_ Cluster \_\_ Regular \_\_ SDC \_\_ GATE LD \_\_

MATH: Honors \_\_ Regular \_\_ Low Alg \_\_ SDC \_\_ GATE LD \_\_

SS: Cluster \_\_ Regular \_\_ SDC \_\_ GATE LD \_\_

SCIENCE: Honors \_\_ Regular \_\_ SDC \_\_ GATE LD \_\_

Elective: Band \_\_ Chorus \_\_ AVID \_\_ Spanish \_\_ 6<sup>th</sup> Wheel \_\_  
Academic Support \_\_ Learning Center \_\_ Computers \_\_

(SDC students cannot be in Academic Support)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person who filled out the information above. \_\_\_\_\_

For office use:

Eng

SS

Case Mgr. \_\_\_\_\_

Math

Sci

Assigned by ADMIN

PE

Elective