



HEMPFIELD AREA SCHOOL DISTRICT
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(724) 834-2590

Dr. Tammy S. Wolicki
Superintendent
Dr. Mark A. Gross
*Assistant Superintendent
Secondary*

Dr. Matthew R. Conner
*Assistant Superintendent
Elementary*
Mr. Wayne J. Wismar
Business Manager

Committed to Educational Excellence

SPECIAL SERVICES – REGISTRATION FORM

STUDENT NAME: _____

HEMPFIELD SCHOOL: _____

We are glad to have you as a new resident in the Hempfield Area School District. In order to provide educational services, it is important that we are aware of special education services the student had at the previous school. Please complete this form so that we can better service you.

Please check all that apply:

My child **WAS NOT** in a special education program.

~OR~

My child **DID** have a **504 or service agreement** at a previous school.

My child **WAS** in the **gifted program** at the previous school.

My child **DID** receive **special education** services in this type of placement:

- | | |
|--|--|
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> Speech/Language Support |
| <input type="checkbox"/> Autistic Support | <input type="checkbox"/> Hearing Support |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Vision Support |
| <input type="checkbox"/> Life Skills Support | <input type="checkbox"/> Physical Support |
| <input type="checkbox"/> Multi-handicapped Support | |
| <input type="checkbox"/> Out of District Placement (where) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

Parent/Guardian Signature

Date