



AP 3260- F2

New Student History Form

Student Name:

Date of Birth:
(mm/dd/yyyy)

Parent/Guardian:

Please provide copies of the following:

PHIN

Report card from previous school

1. Name of contact person at previous school: _____
2. What grade was the student in at time of transfer/leaving? _____
3. Has the student ever been retained or placed? _____
4. Are there any special placement considerations such as resource or guidance involvement? _____
5. Did this student have educational assistant time allotted to them in or out of the classroom? _____
6. Does the student have a student specific plan (I.E.P. or ALP)? _____

7. Have any of the following specialists been involved with the student?

Guidance Counsellor

Speech

Occupational Therapy

Physical Therapy

School Social Worker

External Agency

Psychologist