## **BASCOL 2024-2025 SCHOOL YEAR REGISTRATION PACKET**

\*\*\*Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office.

There is a minimum 10-14 business day processing period before your child may begin.\*\*\*

\*\*\*A parent meeting may be required prior to completion of enrollment to discuss accommodations.\*\*\*

3rd Child Information	
CHILD'S NAME Age	Nickname (If any)
Birth date Age	Gender: M or F
School Child's Grade as of Sept. 202	4: Classroom Teacher
	PM BOTH or SHO PLUS*
Days—Circle all that apply: M T W H	
In order to provide your child with the best service description, if your child has any of the following Yes or No Asthma*	es possible please let us know, along with a brief conditions: (Please circle yes or no for each)
	*No medication needed
Vac au Na Consitiuities ou Inteleuropees	——————————————————————————————————————
	event of an emergency 911
	will be contacted.  (Dr. note may be required)
Yes or No Takes Regular Medication	(51. Hote may be required)
	Parent Signature
Yes or No ADHD (list accommodations)	
Yes or No Court/Custody Issues (if yes please attach **Court Orders must be provided to the BASCOL Office to legally pr	a copy of court/custody papers)
<b>Yes or No</b> Receives services at school (speech, OT, P	
Please explain and attach copy of plan.	•
Yes or No Is your child able to successfully participat	
Yes or No Other (Please explain)	
` ' '	
4th Child I	formation
CHILD'S NAME	nformation Nickname (If any)
CHILD'S NAME	nformation Nickname (If any) Gender: M. or F
CHILD'S NAME Age School Child's Grade as of Sept. 202	nformation Nickname (If any) Gender: M or F 4: Classroom Teacher
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