

Student Additions/Deletions

____ / ____ School Year

School District: _____ School Name: _____

Contact Person: _____ Tel: _____

Check the box for the month for which you are reporting:

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

For the month indicated above, please record the names and requested information for all students added to or deleted from your Special Education Department as follows:

Additions: All students newly identified under the IDEA, or IDEA students transferred into your district

Deletions: Students who were dismissed from Special Education, dropped out of school, transferred out of your district, or passed away

Newly Identified Students:

- Record student’s name.
- Enter DOB and Medicaid ID.
- Check the column marked “I”.
- Enter District of Liability
- Record Special Education Entry Date.

Transferred Students:

- Record student’s name and DOB.
- Check the column marked “T”.
- Enter the current District of Liability.
- Enter the district the child transferred to/from.
- Enter the Special Education Entry or Exit Date.
- For each child exiting, please also record an exit reason, i.e., dropped out, dismissed, transferred, or decease.

Student Name	DOB	Medicaid Number	I	T	District of Liability	Transferred to/from	Entry Date	Exit Date	Exit Reason
Identified Student	1/1/2003		x		Dover		9/1/2009		
Transfer Student	8/2/1999			x	Manchester	To Manchester		9/14/2009	Transfer
Exited Student	9/6/1995			x	Dover			9/30/2009	Dismissed

The above Additions/Deletions enrollment information is accurate for _____ (MM/YYYY).

Signature

Date

Please fax completed forms to 603-509-3870 or email to info@eddatasolutions.com