



EDUCATION PASSPORT

Information contained is subject to confidentiality laws. All forms listed should stay with this information sheet. This form is updated for every new school

CONTACT INFORMATION		RECORDS CHECKLIST	Enclosed	Not Available	Applied For	Not Applicable
ORIGINAL PREPARED FOR	ENROLL DATE	Keep the following documents together for easy reference. Items marked * do not change with transfer.				
SCHOOL		The following documents are necessary for enrollment in Adams County School Districts:				
STUDENT INFORMATION:		***PLEASE NOTE: MUST SUBMIT PROOF OF RESIDENCY WITH THIS PASSPORT***				
NAME		VITAL RECORDS: Include copies of vital records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE OF BIRTH		*Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGE		*Immunizations Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOLOGICAL PARENT INFORMATION						
NAME		ACADEMIC HISTORY: Indicate courses & credits earned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS		Most recent grade report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITY ST ZIP		Transcripts (includes all coursework completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE	EMAIL	Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE WORKER INFORMATION		Discipline Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME		Behavior Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTY		Previous Literacy Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE		CSAP (If Assessment is not available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL		Safety Plan (Most Recent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVIOUS SCHOOL:		SPECIAL EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS		Eligibility Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE	FAX	Psycho-Educational Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS CONTACT	<input type="checkbox"/> RECORDS ATTACHED	Complete IEP (Most Recent IEP and/or Last Triennial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENROLLED	WITHDRAWN	504 Information (Include copy of Student Services Plan if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVIOUS SCHOOL:		HEALTH INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS:		Public School Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE	FAX	Medications taken during school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS CONTACT	<input type="checkbox"/> RECORDS ATTACHED	OTHER DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENROLLED	WITHDRAWN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVIOUS SCHOOL:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE	FAX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS CONTACT	<input type="checkbox"/> RECORDS ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENROLLED	WITHDRAWN	COMPLETED BY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBATION OFFICER:						
PHONE	EMAIL					

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SCHOOL LIST CONTINUED	SCHOOL LIST CONTINUED
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
ADDRESS	ADDRESS
PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
ADDRESS	ADDRESS
PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
ADDRESS	ADDRESS
PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
ADDRESS	ADDRESS EMAIL
PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
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PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN
PREVIOUS SCHOOL:	PREVIOUS SCHOOL:
ADDRESS	ADDRESS
PHONE FAX	PHONE FAX
RECORDS CONTACT EMAIL	RECORDS CONTACT EMAIL
ENROLLED WITHDRAWN	ENROLLED WITHDRAWN