

River Edge Public Schools

410 Bogert Road, River Edge, New Jersey 07661
201-261-3404 Fax 201-261-0698
www.riveredgeschools.org

Registration Questionnaire

To Be Completed For All New Registrants

Date: _____

Student Name: _____

School Attending: _____

Has your child ever been referred for a special education evaluation?

YES **NO**

Has your child ever been evaluated by a special education child study team?

YES **NO**

Has your child ever been classified for special education and related services or for speech services?

YES **NO**

Has your child ever had an IEP or ISP?

YES **NO**

Do you have any reason to suspect that your child may have a learning, emotional or physical issue?

YES **NO**

Has your child ever had a 504 plan?

YES **NO**

Parent Signature: _____

Parent Name: (Print) _____ **Date:** _____