Muhlenberg School District
Student Registration Assistance Form

Student Name: ________________________________________

Did your child receive special assistance, instruction or services in his/her previous school?
Please check all that apply.

Regular Education Support Services

☐ English as a Second Language Services
☐ Remedial Reading Services (Title One, etc.)
☐ Remedial Math Services
☐ Guidance Counselor support
☐ Social Worker support
☐ Alternative Education
☐ Other: ____________________________________________

Special Education Services

☐ Learning Support (please specify) _______________________________________
☐ Lifeskills Support (please specify) _______________________________________
☐ Emotional Support (please specify) _______________________________________ 
☐ Physical Support (please specify) _________________________________________
☐ Deaf and Hearing Support (please specify) ________________________________
☐ Speech and Language Support (please specify) ____________________________
☐ Gifted Support (please specify) _________________________________________
☐ Multiple Disabilities Support (please specify) ______________________________
☐ Blind and Vision Support (please specify) _________________________________
☐ Autistic Support (please specify) _________________________________________

Other Services

☐ Occupational Therapy (please specify) _____________________________________
☐ Physical Therapy (please specify) _________________________________________
☐ Behavior Intervention Plan (please specify) ________________________________
☐ Nursing Services (please specify) _________________________________________

☐ My child has missed an extended amount of school due to illness or other reasons (please specify) ________________________________

_________________________________________ ___________ ___________________________ ______
Parent’s Signature Date Parent’s Signature Date