

**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