



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

**EMBRACE NEW STUDENT DATA ENTRY
(GENERAL ED. STUDENTS ONLY)**

Student Name: First:		Middle:	Last:	Language:	
Phone:	DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>		Grade:	Ethnicity:
Resident District #:	Serving District #:		School of Attendance:		
SIS #:			Medicaid #:		
Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other:					
Parent/Guardian 1:			Language:		
Address:			City, State, Zip:		
Home Phone:			Work Phone:		
Cell Phone:			Email:		
Parent/Guardian 2:			Language:		
Address:			City, State, Zip:		
Home Phone:			Work Phone:		
Cell Phone:			Email:		
Foster Child: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Form completed/submitted by:			Contact Phone:		

Please email completed Embrace New Student Entry Form to Iroberts@seapco.org.

Processor's Initials _____

Date Processed: _____