

**ROUGH ROCK COMMUNITY SCHOOL
SPECIAL EDUCATION PROGRAM
P.O. Box 680
Chinle, AZ 86503
Ph: (928) 728-3701/3702/37036 Fax: (928) 728-3617/3502**

Special Education Form

** All parents MUST fill this upon enrolling their child/ren **

My child, _____, **Grade** _____

_____ has / has not _____ ever received Special Education services in the past
(circle one)

_____ is / is not _____ receiving Special Education services now.
(circle one)

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Gifted & Talented Education Program Information

_____ has / has not _____ ever received Gifted & Talented services in the past and
(circle one)

_____ is / is not _____ receiving Gifted & Talented services now.
(circle one)

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The last school my child attended was: _____

Located at (city) _____.

This information helps the Rough Rock Community School ensure that your child receives the best possible education and help he / she may need to be successful. Thank you.

Parent / Guardian Signature

Date