



Request for Enrollment Information

Student Name: _____ Birthdate: _____
(last) (middle) (first)

Current School: _____ Current Grade: _____

School Address: _____

I give my permission for this form to be completed and returned to Bishop Leibold School with copies of specific records listed below. Please note, this is **not a request for transfer of records**.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Attention School Office: In order to assist our enrollment team with placement and give incoming students the best chance for academic success, please complete the form below and remit the following records:

- Standardized test score(s)
- Current report card
- Permanent record card or equivalent (shows all average grades for years)
- Individualized Education/Service Plans (IEP/ISP) and Evaluation Team Report (ETR)
- Accommodation Plans
- Discipline Records
- Attendance Records

Current Status	Reading	Science	Math
Above grade level			
On grade level			
Below grade level			
Current Grade Level Placement			
Recommended 2020-21 Placement			

Please note- **this is not a request for a transfer of records. This completed form and requested documents are required as part of our admission process.** An official transfer form will be sent after acceptance. Thank you for your assistance and prompt attention to this request.

Disabilities and Special Services:

- ___ Learning (please elaborate) _____
- ___ Speech/language (please elaborate) _____
- ___ Behavioral (please elaborate) _____
- ___ Gifted
- ___ Remedial Math
- ___ Remedial Reading
- ___ Resource Room
- ___ Physical Therapy
- ___ Occupational Therapy
- ___ Vision Therapy
- ___ Hearing Services
- ___ Outside Tutoring
- ___ Other (please elaborate) _____

Additional Comments

Name/position of the individual completing form: _____

Please Return:

Mrs. Danielle Gibson
6666 N Springboro Pike
Dayton, OH 45449
dgibson@bishopleibold.org
Fax: (937) 436-3048
Phone: 937-434-9343

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