

Enrollment History

Student First Name: _____ Middle: _____ Last: _____

Has student previously attended Mountain Brook Schools? Yes No

If yes, which school(s)? Preschool—Brookwood Forest
 Preschool—Mountain Brook Elementary

If yes, what was the first date of attendance in Mountain Brook Schools? _____

This form is for the purpose of enrolling in _____ Date: _____
(Mountain Brook School)

Expected first day of school: _____

*****If Attended Preschool, Complete Below*****

Name of preschool other than Mountain Brook Preschool, if any attended:

Student is currently receiving special services through: IEP: 504 Plan: LEP Plan: Other: _____

Student attended preschool (check all that apply): 3 year old program 4 year old program 5 year old program

*****If TRANSFERRING TO MOUNTAIN BROOK SCHOOLS, COMPLETE BELOW*****

School transferring from: _____

Address: _____

City: _____ State: _____ Zip: _____

Student is currently receiving special services through: IEP: 504 Plan: LEP Plan: Other: _____