

JACKSON MIDDLE

41 Academy Avenue
Oviedo, FL 32765



HEIGHTS SCHOOL

Phone: (407) 320-4550
Fax: (407) 320-4599

Guidance Entry Form

Student Information:

Student name: _____

Date of Birth: _____

Gender: _____

Grade: _____

Please circle or fill in the following questions:

1. Does your child have a current IEP for Exceptional Education? Yes or No.
2. If yes, what program? _____
3. Does your child have an active 504 Form? Yes or No.
4. Does your child have any evaluation pending? Yes or No.
5. If yes, what type of evaluation? _____

Parent/ Guardian Information:

Florida Status 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Parent or guardian name: _____ Signature: _____

(Please Print)

Street Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____

