

2012-2013 Oral Preschool Application

Regional Day School for Deaf
at W.A. Porter Elementary
Effective June 1, 2012



Application Date: _____

STUDENT INFORMATION

BISD Resident BISD Non-Resident BISD Employee

Last Name _____ First Name _____ Middle _____

Home Address _____

City _____ State _____ Zip _____

Student SS# _____ - _____ - _____ Ethnicity _____

Is your child enrolled in any special programs? YES NO

If YES, check all that apply: ECI Speech Therapy RDSPD Other _____

Name of School Attended 2011-2012 _____

Grade Level 2012-2013 _____ Student Birthday (mm/dd/yyyy): _____ Male Female

PARENT INFORMATION

Home Phone Number: _____ Cell Phone Number: _____

Last Name _____ First Name _____

Email _____

Address _____

Comment _____

Has home school district completed all special/deaf education eligibility assessments? YES NO

SUBMIT APPLICATION ELECTRONICALLY:

Click SUBMIT button to forward application via email to

FAX APPLICATION:

Click PRINT button to print application and fax to (817) 547-2909.