



Confidential

Registration Parent Survey

Welcome to Fort Belvoir Elementary School! We look forward to having you as our partner this educational year to help your child learn and grow. As an inclusive school, it is important to us that we find the very best placement for your child to start his or her journey with us. Please help us do so by filling out this form, while we await copies of your child’s educational records from the previous school.

Please be mindful that the detailed and accurate information you provide us will help your child have the smoothest transition and reduce our need to make any placement changes once the educational records arrive. It will also allow us to best support your child and family as you transition to our school community.

Student: _____ Age: _____ Grade: _____

Service Member Information:

Category	Check if Applicable	Category	Check if Applicable
Both Parents on Active Duty		Currently Deployed	
Currently on Remote tour		Currently TDY	
Deceased Service Member		Deployment Pending	
Recently Returned from Deployment		Warrior in Transition	
None of the above			

Comments: _____

Academic Information:

My child’s academic strengths are: _____

Academic Information (continued):

My child's greatest challenge in school is: _____

The most important thing you need to know about my child as a learner is: _____

Check all the statements that apply:

Category	Check if Applicable
*My child has an Individualized Education Plan (IEP).	
My child has a 504 Plan.	
My child has been homeschooled.	
English was not my child's first language.	
My child receives Gifted and Talented or Advanced Academic services.	
My child has been retained. If so, list grade(s): _____	

***If your child has an IEP, please circle your child's area(s) of eligibility below:**

Autism Developmental Delay Emotional Disability Intellectual Disability Learning Disability
Other Health Impairment Physical Disability Speech and Language

Other: _____

My child receives special interventions or additional supports in the one or more of the following areas (please check all that apply):

Reading Writing Math Behavior

School-based Extracurricular Activities:

Band Chorus Patrols Peer Mediation SCA Strings Other: _____

Medical Information:

My child has a medical need that you should be aware of. Yes No If yes, please explain below.

I would like to talk to someone about my students social and emotional needs.

I would like a talk to someone about my students special education support [IEP].

I would like to talk to someone about: _____