



Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Previous enrollment in Special Programs**

If the enrolling student has participated in a special program prior to attending Black Mountain Middle School, please indicate the applicable program below:

- \_\_\_\_\_ **Special Ed**
- \_\_\_\_\_ **Resource Program**
- \_\_\_\_\_ **Special Day Class**
- \_\_\_\_\_ **Speech and Language**
- \_\_\_\_\_ **GATE (Gifted)**
- \_\_\_\_\_ **ELL (English Language Learner or Bilingual Program)**
- \_\_\_\_\_ **Adaptive or Modified PE**
- \_\_\_\_\_ **Psychological Counseling**
- \_\_\_\_\_ **Others: \_\_\_\_\_**
- \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_