



Reactivation of Special Education Student

Reactivation Requested by: _____

Date: _____

Student's Last Name: _____ First: _____

Birthdate: _____ Male Female Grade: _____

Home School: _____ District: _____ PAEC # _____

Student will be enrolled in program: _____

Attending School: _____

Start date in above program: _____

Father: _____ Mother: _____

Address: _____ City: _____

Phone: _____

Reason for Reactivation:

- Student over 16 years had withdrawn, but decided to re-enroll.
- Student had moved out of area, but did not receive services in another district. Student has moved back to the same district.
- Other _____
- _____

Approved by: _____ Date: _____
Principal's signature

Approved by: _____ Date: _____
Supervisor's signature