

Student Information Page (SIP) > Student Import Template (IL)

Student Resident District:	Please Select ()	<u>Programs</u>
		□ MTSS J
Secondary Access District: CN	<u> </u>	BC IEP Referral
		□ IEP <mark>H</mark>
First Name: B	E	BG □ ISP
		☐ ISP Eligible. No Plan. Last Reviewed: ✓ / ✓ / ✓
_		BK ☐ 504 Referral
Middle Name: C		☐ 504 Eligible. No Plan Needed. Last Reviewed: ✓ / ✓ / ✓
		□ 504 <mark> </mark>
Last Name: D		CV Health Plan
		☐ DS/Medicaid
Student ID Numbers F State ID		SSP
Student ib Numbers - State ib		Registration
		Alternate Medicaid Name: (show/hide)
E District ID		Consent To Bill: BHY
Embrace ID Number		Date Consent Was Signed:
Embrace ID Number		Upload Signed Consent: Choose File No file chosen Existing Files (0)
		Show Consent History
DOB: G	1	Medicaid Number: K
		Service Start Date End Date NPI
Chronological Age:	0 years, 0 months, 0 days	Add / Edit Prescriptions & Referrals
		Notes:
Active: FA= FORCE ACTIVE		
1, X, Yes = INACTIVATI	™	
TEST:		<i></i>
1201.		
		Superuser Notes:
IEP Ineligible:		
		☐ Transfer Lock (Prevent Student District Transfer)
504 Ineligible: BR	BS	Reason(s) for Transfer Lock:
304 Meligible.		
Revoked Consent:		
Retained:		
Gifted/Talented Status: CQ	>	
Economic Disadvantage Status: CR		
Migrant Status: CC		

Ci		
		Move-in: (Note: These fields will be cleared every year on August 1st.)
н	lome School: T	OR
Pr	rivate Parochial (if needed):	
Si	erving School: U	
St	tudent is dually enrolled:	
	inticipated HS Graduation: V	
St	student Is On The Following Staff Lists: (0)	
N.	lext Year	Grade: W School Year: BE Case Manager:
H	lome School: CI	∨ OR
	erving School: X	v
St	tudent is dually enrolled:	
s	Student Information	
G	Gender: Y	Ethnicity: CD V Race: Z V
	tudent's Primary Language: AA	Severity of Disability: LEP: V ELL/ESL: Not Specified (?) BF
	tudent Phone: AF	
Ad	ddress: AB	Address Updated On: (Set To Today)
	AD	
r	ity, State, Zip: AE	
[B	mergency Contact Name: AG	Number: AH
н	learing/Vision	PH PH
н	learing (Screening/Exam):	BT Pass Pall
H	(sion (Screening/Exam): tearing/Vision (Auditory/visual problems that BZ 55 out of 255 characters remaining	BW Pass Fall BX BY would interfere with testing or educational performance. Include dates and results of last hearing/vision test) (No more than 255 characters):
Ht 25	learing/Vision (Auditory/visual problems that	BX BY would interfere with testing or educational performance. Include dates and results of last hearing/vision test) (No more than 255 characters):
Ht 25	learing/Vision (Auditory/Visual problems that BZ 55 out of 255 characters remaining Medical Alert	BX BY would interfere with testing or educational performance. Include dates and results of last hearing/vision test) (No more than 255 characters):
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Student Placement Information

Parent Information			
Copy Student Address			
Parent/Guardian 2 fields are for	arents or guardians living in the child's household. non-resident parents or guardians. loes not automatically populate into forms.		
Parent/Guardian: Al	Lives With:	Parent/Guardian 2: AS	
AJ Parent's Address:		Parent's Address 2: AT	
AK AL AM Parent's City, State, Zip: Home Phone: AN AO Cell Phone: Work Phone: AP		AU AV AW Parent's City, State, Zip 2: Parent's Phone 2: AX Cell Phone 2: AY Work Phone 2: AZ	
AQ Parent's Primary Language:		Primary Language 2:	
Parent's Preferred Language:	V	Preferred Language 2:	
Draft Paperwork Preference:		Draft Paperwork Preference 2:	
Parent's E-mail: AR		E-mail 2: BA	