## CYPRESS BAY HIGH SCHOOL 18600 Vista Park Blvd. Weston, FL 33323

Phone: 754.323.0350 Fax: 754.323.0363

In order to p information	provide appropriate classes for your child's education, the fo i is needed:	llowing
1.	Is your child enrolled in a SPECIAL EDUCATION class?	
	Yes Broward County In Florida / Out of Count	1000
	No Out of State / Country	У
2.	If yes, please complete the following information:	
	Student Name:	
	Present Grade This School Year:	a male (
	Please indicate the class(es) in which the student was enr	olled:
	Gifted Specific Learning Disabled	

Emotionally Handicap \_\_\_\_ Other \_\_\_\_

## \*\*\*IMPORTANT\*\*\* To the school personnel registering the above student:

In order for the student to be placed appropriately, it is mandatory that the parent/guardian provide the following copies of the *most recent documents:* student's latest Individualized Education Plan / Educational Plan (IEP/EP) and the most recent Psychological Report. If they do not have the current information needed at the time of registration, parent/guardian *MUST BE ADVISED* that they are to bring the documentation back BEFORE the start of school in order for the child to receive accurate placement/services and to make the registration complete.

Registering School Personnel's Initials \_\_\_\_

To the Parent/Guardian(s):