## STERLING RESIDENT HIGH SCHOOL STUDENT

## Please complete this form and drop it off at Sterling Community School or FAX it to 860-564-1989 along with your proof of residency.

Pla Start Date:				och Other	
<u>,                                    </u>	res NO	eceiving any Spe	cial Services thro	ough IEP, 504, or oth	er
Name of Stude					
First		Middle		Last	
Home Address	:				
	City	_	State	Zip Code	
Mailing Addres	s if Different:				
	-	City	State	Zip Code	
E-Mail Address Ad	ddress:				
Date of Birth:		<u> </u>			
Male:	Female:	Nonbinary:			
				Name:	
Address:			Address:		
Phone:			Phone:		
Step Parent/ Guardia	an:				
Address:					
Home Phone:					