

**Truckee Meadows School**  
 690 Edison Way  
 Reno NV 89502  
 Ph: 775-858-4541 Fax: 775-858-4511  
 Enrollment / Release Form

Student's Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Address City State Zip

DOB: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ **Male /Female**

Grade: \_\_\_\_\_ Special Education: \_\_\_\_\_ Yes / No

Parent/Guardian:

Mother: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Father: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Truckee Meadows School has my permission to enroll my son/daughter in the hospital school program.

Initials

\_\_\_\_\_ I hereby authorize the release of records requested to Truckee Meadows School from the last school and my child attended.

Initials

\_\_\_\_\_ I hereby authorize professional personnel of Truckee Meadows School to provide my son/daughter's future school with information for assisting in educational planning and reintegration into the school/school district upon discharge from Willow Springs Center. This information would include our discharge summary sheet, grades and a copy of our school's transcript.

\_\_\_\_\_  
 School Name Address Phone # and Fax #

\_\_\_\_\_  
 District Name Address Phone # and Fax #

Please Mail copies or Fax to (775) 858-4511. **DO NOT SEND CUM. FILE**

- 1.) Transcript noting W/D grades
- 2.) Immunization Records
- 3.) Special Education Records (IEP or 504) If applicable.

Date School was contacted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

\_\_\_\_\_  
 Students Signature (if older than 12yrs) Date

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Education Coordinator Date