



Confidential Student Information Sheet

☐ Missing From System

☐ New Student/IEP

Date: _____ Staff Member: _____

Student Name: _____
First M.I. Last

Date of Birth: _____ State ID/UIC#: _____ (must be 9 digits)

Sex: _____ Grade: _____ Primary Disability: _____

District: _____ School: _____

Related Services/Staff Member: 1. _____
2. _____
3. _____

☐ IEP Duration: _____ to _____

☐ Parent 'AIM Consent to Bill' or 'AIM Notification' Dated: _____

☐ Personal Care Para Services, Child Profile Form for Physician: _____

Physician Name: _____

Please fax or mail – This information is being sent “out of District.”

Fax: 406-624-6289 | Office: 406-272-0073

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