



Confidential Student Information Sheet

☐ Missing From System

☐ New Student/IEP

Date: _____ Staff Member: _____
MM/DD/YYYY

Student Name: _____
First M.I. Last

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

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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