# ***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**

**PO Box 3193 | Bozeman, MT 59772**