MADISON-CHAMPAIGN E.S.C. 2019-2020 Student Report for Billing

PUPIL'S <u>LEGAL</u> NAME: _____|_____|_____
(Last) (First) (Middle)

SEX: _____ DATE OF BIRTH: _____ GRADE LEVEL: _____

DISTRICT OF RESIDENCE _____
(DOR of Parent w/custody or Court Assigned Financially Responsible District)

SENDING DISTRICT _____
(District **sending** child to ESC Program. [<u>not</u> the physical location of classroom]
This is the District which will be billed by the ESC for costs associated with this child)

E.S.C. PROGRAM: (Mark One)

___ MAC ____ MAC South ____ MAC Central (ESC) ____ED Satellite (Triad/NW) _____ED Madison

____ MD ____ Autism ____ Preschool ____ Alternative School +10 days _____MD Madison

Complete below only the applicable section (Enrollment, Withdrawal, 1:1 Service, Change of District):

___ **New Enrollment** ___ **Re-Entry**

Effective Date of Enrollment or Re-Entry: _____

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___ **Withdrawal** (Exited ESC Program; Including Graduated)

Effective Date of Withdrawal: _____ Withdrawn to: _____

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___ **1:1 Service** ___ **1:2 (Shared District)**_____ **2nd Student** _____

Name of Employee Providing Service: _____ Date Service Started: _____

Date Service Ended: _____

____**Change in Aide Service**

___ **1:1 Service** ___ **1:2 (Shared District)**_____ **2nd Student** _____

Name of Employee Providing Service: _____ Date Service Started: _____

Date Service Ended: _____

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____ **Change of District** (Enter Districts to be billed [Sending Districts] Effective dates of change):

FROM _____ School District as of _____

TO _____ School District as of _____

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Complete Class Schedule on Reverse Side *(Although not required for ESC records this will facilitate transfer of information needed by the Local District)*

For E.S.C. Office Use Only *For E.S.C. Office Use Only*

_____ Entered in Program Student Database _____ If 1:1 Service, Entered in Billable Services Database

School Year: _____**19-20**_____

Student Name: _____ **Grade:** _____

Students in <u>Grades KG-12</u> enrolled for instruction in E.S.C. Classes must have <u>attached to this form, or listed below.</u> a copy of their class schedule indicating the course/subject name and the E.S.C. Teacher name.

ESC TEACHER NAME	COURSE / SUBJECT NAME	*EMIS COURSE CODE*	MAC COURSE CODE	Teacher Properly Certified?	CREDIT AMT.	If semester class, please list 1st or 2nd
Total *anticipated* credits Current Year:						
Total credits <u>before</u> Current Year:						
Total anticipated credits end of Current Year:						

Mac-A-Cheek: PT Services to be provided by ESC (Therapist's Name): _____

Start Date: _____   End Date: _____