

**DUAL ENROLLMENT/CHILD COUNT FORM
INTERMEDIATE UNIT 1 - SPECIAL EDUCATION DEPARTMENT**

School District: _____ School Year: _____

Contact Person: _____ Date: _____

The resident children listed below attend a nonpublic school but receive special education services from the public school via an IEP and are considered **dually enrolled**. They will be included on the district's Child Count..

NAME	ER DATE Follow-up Action Form (ID-1)	NOREP DATE	RR DATE	NONPUBLIC SCHOOL ATTENDING
1.				
2.				
3.				
4.				
5.				

PLEASE MODIFY THIS LIST IF STUDENTS CHANGE THEIR DUAL ENROLLMENT STATUS.

**PLEASE MAIL OR FAX CHANGES TO DONNA VAVERKA
PHONE (724) 938-3241 ext. 537 or Fax (724) 785-7646**