

2017-18 INQUIRY FORM

Student <div style="text-align: center;"> <small>Last Name First Name</small> </div>	ID #	Grade in Sept?	Birth Date	Intake person	Date of call							
Caller	Relationship to Student	Phone	H W C	Phone	H W C	E-mail						
QUESTION - CONCERN - PROBLEM 												
Enrollment Facilitator Review and Notes 				EP Review and Notes 								
Possible error found (explain): 				SC USE ONLY Error verified Correction made Send letter: <input type="checkbox"/> No app <input type="checkbox"/> Changed WL <input type="checkbox"/> Late app <input type="checkbox"/> No Change <input type="checkbox"/> Changed Assignment <input type="checkbox"/> No Error								
SC Status (Check all that apply) <input type="checkbox"/> Gave info on reassignment/WL options (This should always be done.) <input type="checkbox"/> No error. Spoke with _____ on _____. No additional follow-up needed. <input type="checkbox"/> Other contact: <input type="checkbox"/> Log entry completed (required).				<div style="text-align: center;"> Staff Initial/Date </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> </table>								
				Log entry updated	Date	Family Notified						