

**New Student to be added to PAEC CRT IEP web-based program or
Class List Adjustment**

Date _____ District Number _____

To: PAEC Office (Fax # 708-450-1116)

New CRT Student

Student Name _____
First Middle (Required for ISBE) No middle name Last

Parent(s) Name(s) _____
First Last First Last

Address _____
Street/Town/Zip Code

Birthdate _____ Phone Number _____

Home School _____ Attending School _____

Class Adjustment

Student Name _____
First Last PAEC Number

Change in home school district: No Yes _____ (New Home School District)

Change in home school: No Yes _____ (New Home School)

New Address (if applicable) _____
Street/Town/Zip Code

New Phone Number (if applicable) _____

Drop From: _____ (Teacher)
_____ (School)

Add To: _____ (Teacher)
_____ (School)

Date Change Effective _____