



CDH Educational Center

Annual Registration

Student Information		
Full Name:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	
Address:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Street Address</i> <i>Apartment/Unit #</i> </div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> <i>City</i> <i>State</i> <i>ZIP Code</i> </div>	
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other
Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____

Referring School/ District Information		
Referring District	<div style="border-bottom: 1px solid black; height: 20px;"></div>	
District Contact	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	
Work Phone:	()	Email Address <div style="border-bottom: 1px solid black; width: 100%;"></div>

Family Information

Parent/ Legal Guardian Information #1

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

()

Mobile Phone

Work Phone:

()

Email Address

Primary Language

Preferred Contact Method

Parent/ Legal Guardian Information #2

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

()

Mobile Phone

Work Phone:

()

Email Address

Primary Language

Preferred Contact Method

Child lives with:

Both parents

Mother

Father

Other

Parent Information

Marital Status of Parent(s):	<input type="checkbox"/> Married (Stop Here)	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Remarried
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
Biological Parent Having Custody	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Joint
If not living with other biological parent, please provide their name, address, and phone number:			
Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:	() _____	Mobile Phone	_____
Does the non-custodial parent have permission to remove the child from the school/school grounds for any reason?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: We must have a copy of any legal papers on file. (Custody, Order for Protection, etc.)			

Siblings

<u>Name</u>	<u>Living at home?</u>	<u>Age</u>	<u>Gender</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Current Services, Interventions, Supports, Therapies, Including ABA Therapy:

Service	Location	Start Date	End Date	Reason for Discontinuing/ Effectiveness
Early Intervention Services	<input type="checkbox"/> Home <input type="checkbox"/> School			
Applied Behavior Analysis (ABA)	<input type="checkbox"/> Home <input type="checkbox"/> School			
Floor time (DIR)	<input type="checkbox"/> Home <input type="checkbox"/> School			
RDI	<input type="checkbox"/> Home <input type="checkbox"/> School			
Speech and/or Language Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Occupational Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Physical Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Vision Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Hearing Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			

Holtz Educational Center does not and shall not discriminate against students or families due to their race, color, religion (creed), gender, gender expression, age, national origin (ancestry), type of disability, marital status, sexual orientation, or military status, in any of its activities or operations; nor does "The School" discriminate in the development or administration of its educational policies, admissions policies, or any school-administered programs.

I affirm that all information included in this application is true and correct. I understand that all requests for placement and admission are subject to all laws, policies and procedures related to the Individualized Education Plan and are subject to review and approval by Holtz Educational Center.

Signature of Parent/Guardian

Parent/Guardian (please print)

Date

Please send your application to: