



Fourth Street School

Social Skills & Transition Groups Enrollment Form 2011-2012

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Student's Grade 2011-2012: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ M/W: _____ F/W: _____ Alt. Numbers: _____

Mom's Email Address _____

Dad's Email Address _____

Has your child received previous psychological or academic testing? _____

If so by whom: _____

Private Counseling? _____

Does your child have a particular learning difference or diagnosis of which you are already aware?
If so, what or in what area(s)?

What are your concerns with your child's behavior?

Other members of your household and ages:

Other adults (besides those listed above) who might pick your child up from group: (name and relationship):



Fourth Street School

Authorization for Emergency Medical Care

I hereby authorize any staff member of the Fourth Street School to give consent for any and all necessary medical for my child _____, while he or she is in the custody of the Fourth Street School faculty or staff.

Physician: _____

Address: _____ Office Phone: _____

Parent/Guardian: _____ SS#: _____

Insurance Co.: _____ Policy #: _____

Student's SS#: _____ Medicine Allergies: _____

Any Special Health Problems: _____

Alternative persons to contact if parents cannot be reached (names and relationship):

Name Phone #

Name Phone #

Name Phone #