Good morning,

Below you will find the individual links for the Brookhaven Learning Center Enrollment Paperwork.

Reminder: Effective June 21, 2019, admission/enrollment packets and agreements outlining the services and costs associated with services for students provided by Brookhaven Treatment and Learning Center must be signed prior to the student’s determined start date. If contracts are not signed by the LEA at this time and/or paperwork required by parent(s)/guardians(s) are not complete, services will not be provided, and the student cannot attend until admission packets and contract paperwork is complete and on file at Brookhaven.

At this time, the start date is considered to be August 27, 2019, the first day of school. If paperwork is not completed by August 26, 2019, your student(s) will not be able to attend school until complete.

Thank you for your understanding.

Please let me know if you have any questions, or need my assistance with any of the paperwork.

Thank you.

Ashley

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| **Checkmarkwhen completed** | **Form** | **Completed by** | **Link to Form** |
|  | Client Information Form | Parent/Guardian | <https://form.jotform.com/92186449298170> |
|  | Brookhaven Student Health Form | Parent/Guardian | <https://form.jotform.com/92026311882150> |
|  | Consent for Time Out and Physical Interventions | Parent/Guardian | <https://form.jotform.com/92097149767169> |
|  | Learning Center Consent to Act as Emergency Care Agent | Parent Guardian | <https://form.jotform.com/92163631425150> |
|  | Release Information Form Be sure to use 1 page for each. For example, sending school, primary care provider, outside mental health counselor, etc. If you need more, please let Ashley know. | Parent/Guardian  Sending School | <https://form.jotform.com/92097414256157> |
|  | Authorization to Dispense Prescription Medication (must be completed, even if student does not take medication during the school day) | Parent/Guardian & Prescribing Physician (if applicable) | <https://form.jotform.com/92164766998175> |
|  | Consent for Photograph | Parent/Guardian | <https://form.jotform.com/92186268431158> |
|  | Handbook and Policy Acknowledgement | Parent/Guardian | <https://form.jotform.com/92097291175160> |
|  | School-to-Home Communication | Parent/Guardian | <https://form.jotform.com/92097564922163> |
|  | Bullying Policy and Disciplinary Protocol | Parent/Guardian | <https://form.jotform.com/92097804831159> |
|  | Individual Crisis Management Plan (ICMP Intake Template) | Parent/Guardian | <https://form.jotform.com/92184883611159> |
|  | Immunization Records | Physician | Contact your student’s physician and have records faxed to (802)685-3094 attn: Ashley Grote |
|  | Technology Acceptable Use Form | Parent/Guardian | <https://form.jotform.com/92094372669165> |
|  | FERPA Disclosure and Acknowledgement | Parent/Guardian | <https://form.jotform.com/92097611889168> |
|  | Learning Center Treatment Consent Form | Parent/Guardian Placing Agency | <https://form.jotform.com/92163958238164> |
|  | Activity Release Form | Parent/Guardian | <https://form.jotform.com/92095210075148> |