

Application Form

Please print legibly. To be sent with required documents and a video of your child.

Student Information Student's full name: First Last Middle Gender: _____ Date of Birth: Current age: Please indicate which nationality best represents the student (this information will be kept confidential and is required by the New Hampshire Department of Education: Division of Program Support/Bureau of Data *Management)*: American Indian/Alaskan Native Hispanic Black/Non-Hispanic Asian Other White/Non-Hispanic Current address: City Street State Zip code **Parent Information** (1) Parent/Guardian name:___ Last First Middle Relationship to student: Home Phone: Home Address: Occupation: Work Phone: Work Address: (2) Parent/Guardian name: First Middle Last Relationship to student: Home Phone: Occupation: Work Phone:

Work Address:

What is the primary language spoken at home?
Who referred you to The Birchtree Center?
History and Current Status
Diagnosis performed by:
Primary diagnosis on IEP:Date of diagnosis:
Does your child have a secondary diagnosis and/or any other medical conditions?
Is your child currently enrolled in a school/program?
If yes: Name of school/program:
School district:Special Education Director:
Program description:
If no: Is your child currently on a waiting list?
School(s) s/he is on a waiting list for:
Do you have a private therapist or home program?If yes, describe:
Regarding placement
Have you requested an out-of-district placement at an IEP meeting?
Do you expect tuition to be covered by your school system or will placement be funded privately?
What is the primary reason for exploring out of district placement for the student?
Signature of parent or guardian:Date:
Materials submitted: □ Application Form □ Video of your child (directions on page 3) □ Recent evaluations of your child (explanation on page 3)

The Birchtree Center admits students of any sex, race, creed, color, marital status, national/ethnic origin, and economic status.



Additional Application Materials

Video

Please submit a minimum of ten (10) minutes of video footage of your child. Record 5-10 minutes of your child in a <u>structured learning setting</u>, as well as 5-10 minutes of your child in an <u>unstructured setting</u> (for example, playing, interacting with family and/or friends, and/or participating in daily activities). Please submit video footage on a USB memory stick or via email attachment to *sfagen@birchtreecenter.org*.

Evaluations

Please submit copies of your child's <u>most recent</u> IEP (Individualized Education Program) and <u>most recent</u> evaluations. Examples of pertinent evaluations include, but are not limited to: neurological, psychological/psychiatric, speech and language, occupational therapy, medical.

Please send all materials to:

The Birchtree Center Attn: Shelly Fagen 215 Commerce Way Suite 300 Portsmouth, NH 03801

Nondiscriminatory Policy

In accordance with United States Revenue Procedure 75-50, 1975-2 C.B. 587 that sets forth the guidelines and requirements for determining whether private schools applying for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code are recognized as exempt, and in accordance with New Hampshire law RSA 186:11, XXXIII, The Birchtree Center does the following:

The Birchtree Center (215 Commerce Way, Portsmouth, NH 03801) admits students of any sex, race, creed, color, marital status, national/ethnic origin, and economic status to all the rights, privileges, programs, and activities generally accorded or made available to students at the Center. It does not discriminate on the basis of sex, race, creed, color, marital status, national/ethnic origin, or economic status in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.