



**MONARCH**  
SCHOOL

**Application for Admission**  
**2016-2017**

**INFORMATION**

First Name of Child	M.I.	Last Name	Date of Birth
Street Address		(Apt. #)	
City	State	Zip Code	Telephone Number

**AUTHORIZATION AND REQUEST**

**NOTE: This release of information form is used to secure consent for our Admissions Director to release information gathered in the Intake and Admissions process to the remainder of the Admissions Team of The Monarch School. Your signature on this form indicates that you give your informed consent to Monarch faculty to access and use information gathered for this evaluation for admissions and treatment planning purposes. Additional forms can be used to specify community-based parties to which you may also wish to release information from this evaluation.**

initial here→  **I/WE hereby authorize and request the Admissions Director to provide information about the above-named child to the Admissions Team of The Monarch School, as specified below.**

initial here→  **I/WE give permission for all information gathered about this child’s during the Admissions process to be used in guiding this child’s admissions process and treatment planning at The Monarch School. This information may include:**

- background and history,
- current treatment-related, functional, daily living, and physiological information, and/or
- test results.

initial here→  **I/WE understand that the purpose of this release of information is to guide and instruct The Monarch School Admissions Team. In the case of students considered appropriate for admission by that Team, the purpose of this release of information will also be to guide and instruct Monarch faculty in developing preliminary programming for the assessed child.**

initial here→  **I/WE understand that I/we have the right to inspect and copy the information to be disclosed.**

initial here→  **I/WE understand that this written, informed consent can be revoked at any time. I/WE may do this at any time by notifying The Monarch School in writing, but revocation of your consent cannot cover any information released with your permission before The Monarch School received the revocation.**

initial here→  **I/WE understand that unless I/we revoke this authorization, it will otherwise either expire within the time I/we have specified below (check one, please):**

- at the end of the present school year
- after 180 days
- other condition/event for termination of release (please specify): \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature** (if student is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Legally Authorized Representative\* Signature** (if the student has a court appointed guardian or conservator, or an agent under a power of attorney or under Chapter 34 of the Texas Family Code)  
\*proof of authority must be submitted with this form

\_\_\_\_\_  
**Student Signature** (if student is over the age of 18 and no Legally Authorized Representative is signing on their behalf)

\_\_\_\_\_  
Witness

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person/parent to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.  
JBS 8/6/2007 Ver. #3



**Student's Name:** \_\_\_\_\_

**Authorization for Request of Information**

**INFORMATION**

Name of Student (First)	M.I.	Last Name	Date of Birth
Street Address, Apt. #	City/State/Zip Code		Telephone Number

**AUTHORIZATION TO REQUEST AND RELEASE INFORMATION**

**I hereby authorize The Monarch School to request and/or release information from the confidential record of the above-named student. The information specified below is authorized to be exchanged between Monarch and the persons named below:**

**Primary Care Physician**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Psychiatrist**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Psychologist/School/Other**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following information from my student's records may be requested by or released to the Monarch School:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pertinent Summary of Educational Records | <input type="checkbox"/> All Educational records                               |
| <input type="checkbox"/> Pertinent Summary of Therapeutic Records | <input type="checkbox"/> All Therapeutic records                               |
| <input type="checkbox"/> Pertinent Summary of Psychiatric Records | <input type="checkbox"/> All Speech, Occupational Therapy and Language Records |
| <input type="checkbox"/> Psychological/Educational Test Results   | <input type="checkbox"/> Discharge Summary                                     |

**For the Purpose of:**

- Multidisciplinary Psychology Services     Educational Services     Other \_\_\_\_\_
- Coordination of Psychological Treatment and/or Educational Services

**I acknowledge the following statements:**

- This request for release of information demonstrates compliance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR 160 and 164, and all federal regulations and interpretive guidelines promulgated thereunder.
- I have the right to inspect and copy the information to be disclosed.
- I understand I may revoke this authorization at any time by notifying The Monarch School in writing, but it will not have any effect on any information sent before The Monarch School received the revocation.
- I understand that this authorization will expire at the end of the current school year, unless otherwise indicated below:

- 
- I agree that a facsimile or photocopy of this authorization is as valid as the original.

**SIGNATURES**

**Patient Signature (If over 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian/Legal Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (21 or older) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person/parent to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient. RAR 7/07 Ver. #3

APPLICATION 2016-2017

Name of person completing this form \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Date of application \_\_\_\_\_

**Applicant Information**

Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Unlisted (Y / N) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_ Grade Level \_\_\_\_\_

Ethnic Background (*For demographic purposes only*)

White/Caucasian     Black/African American     American Indian/Alaskan Native     Asian  
 Hispanic or Latino     Native Hawaiian or Other Pacific Islander     Other \_\_\_\_\_

Bilingual     Yes     No    Language(s) spoken at home \_\_\_\_\_

Religious Affiliation \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Child \_\_\_\_\_

Applicant's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Current Psychologist \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Current Psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Financial Aid:**

Do you plan to apply for financial aid?     Yes     No

Have you received financial aid forms?     Yes     No

**How did you hear about us?** Please be specific. We want to thank our referral sources!  
\_\_\_\_\_  
Name \_\_\_\_\_ Address / Phone Number \_\_\_\_\_

**Family Information**

**Parent 1:** \_\_\_\_\_  
Mother      Father      Stepmother      Stepfather      Legal Guardian      Other

\_\_\_\_\_  
Home Address      Home Phone

\_\_\_\_\_  
Employer/Company      Address

\_\_\_\_\_  
Occupation      Position/Title

\_\_\_\_\_  
Business Phone      Business Fax      Cell Phone      E-mail Address  
(Preferred for school correspondence)

**Parent 2:** \_\_\_\_\_  
Mother      Father      Stepmother      Stepfather      Legal Guardian      Other

\_\_\_\_\_  
Home Address      Home Phone

\_\_\_\_\_  
Employer/Company      Address

\_\_\_\_\_  
Occupation      Position/Title

\_\_\_\_\_  
Business Phone      Business Fax      Cell Phone      E-mail Address  
(Preferred for school correspondence)

**Parent 3:** \_\_\_\_\_  
Mother      Father      Stepmother      Stepfather      Legal Guardian      Other

\_\_\_\_\_  
Home Address      Home Phone

\_\_\_\_\_  
Employer/Company      Address

\_\_\_\_\_  
Occupation      Position/Title

\_\_\_\_\_  
Business Phone      Business Fax      Cell Phone      E-mail Address  
(Preferred for school correspondence)

**Parent 4:** \_\_\_\_\_

Mother      Father      Stepmother      Stepfather      Legal Guardian      Other

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer/Company \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address  
(Preferred for school correspondence)

**Please indicate if appropriate:**

Parents divorced      Father remarried      Mother remarried  
Father deceased      Mother deceased

**If parents are separated or divorced, who has custody?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**With whom does the applicant reside?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**Who will be financially responsible for the applicant's tuition and fees?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**To whom should bills be addressed?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**To whom should general school correspondence be addressed?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**To whom should academic reports, teacher comments, and other reports be addressed?**

Mother      Father      Stepmother  
Stepfather      Legal Guardian      Other \_\_\_\_\_

**1. What is your understanding of the mission of The Monarch School?**

**2. What is the main reason you are requesting an application to The Monarch School? What are you most concerned about at the present time?**

**3. How does the mission of The Monarch School match your child's needs? Please be as specific as possible.**

**Educational History**

1. Tell us the schools, dates and types of classes your child has been in. Discuss any special programs or modifications and services that have been provided. Start with the first school attended.

<b><u>Date(s)</u></b>	<b><u>School/Location/Type</u></b>	<b><u>Grade Level</u></b>	<b><u>Services/Modifications</u></b>
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2. At any time, was the child on an Individualized Educational Plan (IEP) overseen by a public school system? If yes, please include a copy with the application.

Yes, currently                       Yes, in the past                       No

3. What is your perception of prior environments including methods and teachers? Do you think they were a good fit for your child? Please tell us why or why not.

<b><u>Date</u></b>	<b><u>School</u></b>	<b><u>Opinion</u></b>
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4. What is your perception of the current school environment including methods and teachers? Do you think it is a good fit for your child? Please tell us why or why not. What other alternatives are you exploring besides The Monarch School?



**Medication History**

**1. Please list any medications currently being taken by the applicant:**

<b>Medication:</b> _____	<b>Medication:</b> _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____
<b>Medication:</b> _____	<b>Medication:</b> _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____
<b>Medication:</b> _____	<b>Medication:</b> _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____

**2. What diagnoses have been suggested for your child?**

**3. What other medications have you tried and what was the result?**

**Current Functioning**

1. Please tell us about your child's special interests, favorite activities, and accomplishments. Include any types of play, sports, special activities, and accomplishments.

<b><u>Activity</u></b>	<b><u>Frequency</u></b>	<b><u>Ability / Accomplishment</u></b>
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2. Please tell us about the support services that your child is presently receiving, e.g. academic tutoring, occupational therapy, speech therapy, group therapy, etc.

<b><u>Type of Support</u></b>	<b><u>Services Provided By</u></b>	<b><u>Frequency of Service</u></b>
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3. Please add any other comments or information that you believe are important for us to know.

*\*Please attach a picture of the applicant to the front of the application\**

## Terms and Conditions of The Monarch School

- **Cancellation Policy:** Please contact the admissions office 24 hours in advance of your scheduled appointment with the Admissions Team should you need to cancel for any reason. If cancellation is not received within the requested period, you will incur a charge of \$200.00. Your attention to this policy is appreciated.
- This application is merely a request for admission. If offered a place, the applicant will receive such offer in writing, along with an enrollment contract that must be completed, signed and returned along with the \$500 enrollment fee to the school office.
- It is understood that places reserved in the school at the beginning of the year are taken for a whole year. No deduction from the year's fees can be made because of absence or for those who give up their place at any time during the year.
- Monarch reserves the right to exclude any student permanently or temporarily at any time, if the Head of School deems such action advisable, either in the interest of the pupil or for the good of the school.
- In the event that your child/ward requires a level of service more intensive than originally contracted for, additional costs will be reflected in the monthly billing after prior notification to the parents/guardians.
- In a limited number of cases, additional personnel may be assigned to a child's program if a child needs temporary 1:1 work. These are additional costs incurred after prior arrangement with the parents / guardians.
- The Monarch School encourages applications from and admits students of any racial, ethnic, or religious background. Its programs and policies are applied with equal consideration to all of its applicants and students.

A parent's full obligation is outlined in the annual enrollment contract.

To the best of my knowledge, all information contained in this application is complete and accurate. I have read and I understand the Terms and Conditions of The Monarch School admissions process.

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date