



Northwoods

- P.O. Box 676, Sagle, ID 83860, Ph (208) 255-1842, Fax: (208) 263-2983
- P.O. Box 8, Bonners Ferry, ID 83805, Ph./Fax: (208) 267-7371
- Email: mail@northwoodsido.com

A Quality, Individualized Educational Opportunity

Please complete this checklist and include it with all of the necessary documentation at time of enrollment.

- Completed Application*
- Two Months Tuition Payment plus \$500 admission fee*
- Most Recent Physical Evaluation*
- Most Recent Dental Evaluation*
- Most Recent Psychological Evaluation*
- Photocopy of Insurance Card-Front and Back*
- Minimum of 30 Day Supply of all Medications*
- Copy of Birth Certificate*
(Original Birth Certificate is needed if Passport is unavailable)
- Copy of Immunization History*
- Academic Transcripts*
- Legal Proof of Custody*
- Passport, if available*

Comments regarding status of documentation:



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APPLICATION

Applicant's full name _____
First Name Middle Name Last Name

Birth date _____ Birthplace _____ Social Security # _____

Ht _____ Wt _____ Eyes _____ Hair _____ Gender _____

Ethnic Background _____ Identifying Marks _____

Was your child adopted? _____ If so, what age? _____

Expected Date of Enrollment: _____ Primary Diagnosis _____

Who referred you to Northwoods? _____

Parents or Guardians:

Please list all guardians/parents, biological or through marriage.

First Name	M. I.	Last Name	Relationship	Occupation
Address			City	St Zip
Home Ph.		Work. Ph.	Cell Ph.	Email

First Name	M. I.	Last Name	Relationship	Occupation
Address			City	St Zip
Home Ph.		Work. Ph.	Cell Ph.	Email

First Name	M. I.	Last Name	Relationship	Occupation
Address			City	St Zip
Home Ph.		Work. Ph.	Cell Ph.	Email

First Name	M. I.	Last Name	Relationship	Occupation
Address			City	St Zip
Home Ph.		Work. Ph.	Cell Ph.	Email

APPLICATION CON'T

Mother's Maiden Name _____ Legal Guardian _____
(Please provide documentation regarding legal guardianship.)

With whom does the applicant reside? _____

Parental Religious Preference: _____

Childs Religious Preference: _____

Siblings: *Attach additional sheets as necessary*

Name	Age
Street	
City	St Zip

Name	Age
Street	
City	St Zip

Name	Age
Street	
City	St Zip

Name	Age
Street	
City	St Zip

Previous Placement Information:

Name	Dates
Address	City St Zip

Name	Dates
Address	City St Zip

In the case of an emergency, please list, in order of preference, who should be notified.

First Name	Last	Relationship	Phone
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First Name	Last	Relationship	Phone
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First Name	Last	Relationship	Phone
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Please describe your child's behaviors and other issues that have resulted in your child's enrollment.

What are your child's strengths?

What are your family's strengths?

What grade is your child currently enrolled? _____

Has your child experienced any learning disabilities? _____

Has your child received any counseling? _____

If yes, please give the name & phone number of the most recent or most important counselors.

I hereby authorize the release of information concerning my child.

Parent/Guardian Signature

Date

What are your goals for your child at Northwoods?

Attach additional sheets as necessary



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RELEASE OF INFORMATION ACKNOWLEDGEMENT AND WAIVER

The undersigned parents or guardian, by virtue of signing this Release of Information - Acknowledgement and Waiver, hereby acknowledge and agree with the following statements regarding the release of private information during the period of time our son is a resident at Northwoods.

1. That Northwoods' staff may disclose information regarding our son to educational consultants and attorneys retained by the undersigned.
2. That Northwoods' staff may disclose information regarding our son to the Idaho Department of Health and Welfare.
3. That Northwoods' staff may disclose information regarding our son to educational institutions requesting a resident's academic transcripts and/or academic standing.
4. That neither Northwoods, its owners, its director, its employees, or its agents, shall be held liable or accountable, by me or by my son, for the release of such personal information pursuant to the release contemplated in the above paragraphs, and I hereby expressly waive my rights and my son's right to initiate any such claim or action.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Resident's Name (print)

This acknowledgement and waiver is required pursuant to Section 16.06.02.527 of the Idaho rules governing standards for child care licensing. Effective Date: March 6, 2003

CONSENT TO TRANSPORT

Student's Name

Date of Birth

I hereby authorize and consent to the transportation of the above named minor by employees of Northwoods. This authorization includes, but is not limited to, transportation within Idaho, the neighboring states of Washington, Montana, the Canadian provinces British Columbia and Alberta, and the countries of Costa Rica, Nicaragua and Panama.

Parent/Guardian Signature

Parent/Guardian Telephone

Date



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CONSENT TO EXAMINATION, TREATMENT AND RELEASE OF INFORMATION

Student's Name _____

Social Security # _____ Birth date _____

I hereby authorize and consent to any X-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis, or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician licensed under the provisions of the Medical Practice Act. I hereby consent to X-ray examination, anesthetic, dental or surgical treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Release of Medical Information

I hereby authorize release of any medical or dental information regarding _____ to Northwoods.

Parent/Guardian _____ Date _____

Medical Insurance

Proof of medical insurance must be provided upon enrollment.

Insurance company _____

Address _____ Tel: _____

City _____ State _____ Zip _____

Policy Holder _____ Policy Holder Soc Sec# _____

Group # _____ Policy # _____ Policy Holder Birth date _____

Dental Insurance

Insurance company _____

Address _____ Tel: _____

City _____ State _____ Zip _____

Policy Holder _____ Policy Holder Soc Sec# _____

Group # _____ Policy # _____ Policy Holder Birth date _____



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AUTHORIZATION FOR TREATMENT

The undersigned parents or guardian (or placing agency or court having jurisdiction as the case may be) hereby grant to Northwoods written authorization to obtain the following services for our child, to the extent such services are necessary and/or required, and after appropriate consultation:

- Routine Medical Care
- Emergency Medical Care
- Emergency Surgical Care
- Mental Health Care

Parent/Guardian Signature

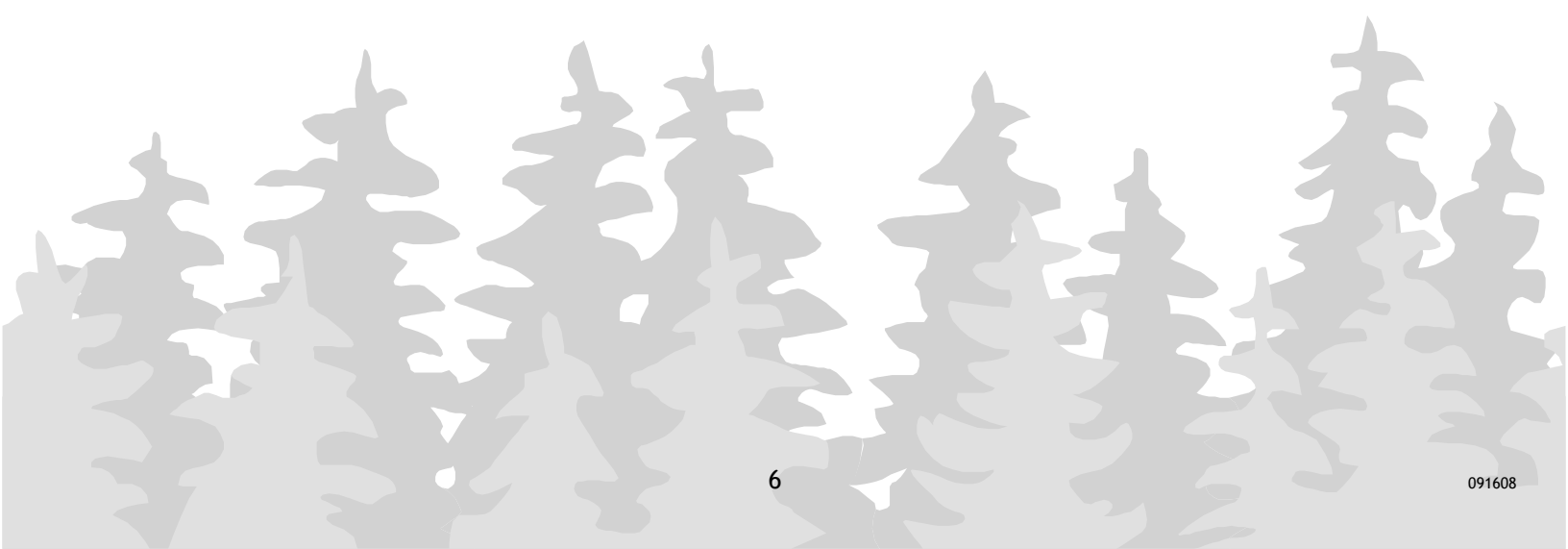
Date

Parent/Guardian Signature

Date

Resident's Name (print)

The request for release of Information is required pursuant to Section 16.06.02.526 of the Idaho rules governing standards for child care licensing. Effective Date: March 6, 2003





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Student's name _____

My child is arriving at Northwoods with the following medications:

<u>MEDICATION</u>	<u>INSTRUCTIONS ON USE</u>	<u>PURPOSE OF MEDICATION</u>

Upon enrollment parents must provide a filled prescription and a valid written prescription for refills.

My Child has the following Allergies:

Other immediate or ongoing medical concerns:

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date