



Admissions Information Collection Packet

Admissions Policy

At INSPiRE for Autism, Inc. we seek to serve individuals who have a primary disability of autism spectrum disorders (ASD), which significantly impairs their participation in the regular public school system. We offer educational and vocational training which seeks to maximize the potential for adolescents and young adults with autism to lead satisfying, self-sustaining lives in connection with their communities.

Admissions Process – Overview

- Once the student's IEP team has met and all parties involved have agreed the student should be placed at INSPiRE, the parent/s or guardian/s must complete this information packet in it's entirety and return it to INSPiRE prior to the student starting at the school.
- The sending district will enter into a Student Services Agreement with INSPiRE.
- INSPiRE will determine classroom placement and assignment of Paraeducator/s.
- Once these steps are completed, the student's start date will be determined.

Admissions Process

I.N.S.P.i.R.E for Autism, Inc has a limited number of openings each academic year. We will consider and approve applications as they are completed and will produce a waiting list for future enrollment. All applicants to I.N.S.P.i.R.E for Autism are considered based on individual needs and the ability of I.N.S.P.i.R.E to provide an appropriate educational program to meet those needs. It is the policy of I.N.S.P.i.R.E to consider all applicants without regard to their actual or perceived race, creed, color, national origin, marital status, sex, sexual orientation, gender identity, or disability.

Placement is an IEP team decision and I.N.S.P.i.R.E will not accept students without the approval of the local public-school agency (LEA) except under extraordinary circumstances such as 1) parents/guardians assume full responsibility for tuition costs 2) student placement is designated via court order. I.N.S.P.i.R.E staff will not be part of the decision-making process that moves a student out of their current placement, however, we are available to present information about I.N.S.P.i.R.E to your child's IEP team and will provide support, as necessary.

Should you have any questions, please do not hesitate to contact Co-Director Dr. Karen Steinbeck at 802-275-4108 or email ksteinbeck@theinspireschool.org

Applicant Information:

 First Name Middle Last Nickname

Gender Identity: _____ Enrollment Date: _____

Date of Birth: _____

Parent or Guardian 1:

Parent or Guardian 2:

Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	
E-Mail:		E-Mail:	
Occupation:		Occupation:	
Work Address:		Work Address:	
Work Phone #:		Work Phone #:	
Guardian (y/n):		Guardian (y/n):	

Parental Status

Married: _____ Divorced: _____ Single Parent: _____ Other: _____

Name of Custodial Parent (if necessary):

(A copy of the custody agreement must accompany the enrollment materials.)

Person to whom communications should be sent:

Parent/Guardian 1 _____ Parent/Guardian 2 _____ Both _____

Emergency Contact Person (in case parent or guardian cannot be reached):

Name: _____

Address: _____

Telephone: _____

Relation to applicant: _____

Present/Sending School Information:

Present school: _____

Address: _____

Telephone: _____

Case Manager: _____

Principal: _____

Grades or years attended: _____

Description of Current Placement:

Tell us about your child's strengths:

Tell us about their challenges:

Tell us about their interests:

Please provide a brief history of their education and (other treatments sought, successful programs, what has worked well and poorly):

This student is currently receiving (please check all that apply):

Individualized Educational Plan

OT

PT

ABA

Speech

Other Services (such as nurse, feeding specialist, etc. please describe)

In order to process this applicant's Admission Application, the undersigned agrees that all information received by the Admission Office, from any source, shall be completely confidential and will not be divulged to anyone, including the candidate and his/her family, unless such disclosure is deemed by the administration to be necessary and appropriate.

Date: _____

Parent or Guardian Signature



Student Health Information Form

Last name	First name	Middle name
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Date of Birth	Age	School year
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Parent/Guardian Information:

Mother's Name: _____	Home Phone: _____
Home Mailing Address: _____	Work Phone: _____
Physical Address (if different): _____	Cell Phone: _____
	E-mail: _____

Father's Name: _____	Home Phone: _____
Home Mailing Address: _____	Work Phone: _____
Physical Address (if different): _____	Cell Phone: _____
	E-mail: _____

Marital Status of Parents: Married Divorce
 Student lives with: Mother Father Both Parents Other (please explain): _____

Health Care Provider Name	Phone Number	Date of last exam
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Dentist Name	Phone Number	Date of last exam
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Eye Doctor Name	Phone Number	Date of last exam
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Does your child have health insurance? Yes No

If yes, Please attach a photo copy of both sides of the Health Insurance card

Medical Insurance Information

Name of Insurance _____

Subscriber Name _____

Subscriber Policy Number _____ Group Number _____

Name of Secondary Insurance _____

Subscriber Name _____

Subscriber Policy Number _____ Group Number _____

Permission to administer Over-the-Counter (OTC) medications.

I give permission for the medication listed below to be given to my child at school by the school admin or his/her designee.

Consumable:

Acetaminophen (Tylenol)	Yes	No
Ibuprofen (Advil)	Yes	No
Benadryl (for allergic reaction)	Yes	No
Cough Drops	Yes	No

For topical application:

Antibiotic Ointment	Yes	No
Anti Itch Cream	Yes	No
Sun Block	Yes	No
Insect Repellant	Yes	No

Parent/Guardian Signature _____ Date _____

For office use, Date received _____
Admin Signature _____

Is your child fully vaccinated? [] Yes [] No

The school will need a current copy of their immunizations on file. Thank you.

Does the student have any medical conditions/health issues that we should be aware of?

[] Yes [] No

If yes, please explain how this medical condition/Health issues should be managed at school;

Does the student have any food or medication allergies? [] Yes [] No

If yes, please explain what the allergy is and how is it managed at home: _____

Will the student need to have medication administered at school? [] Yes [] No

If yes, please send medication in original prescription container with prescription medical order signed by the prescribing physician. Medications cannot be administered at school without signed orders from the prescribing physician.

Permission to administer Prescription Medication.

I give permission for any medication prescribed by my child's doctor to be given to my child at school by the school admin or his/her designee as prescribed.

Parent/Guardian Signature _____ Date _____

For office use. Date received _____ Admin Signature _____
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Permission for Emergency Medical treatment & Financial Responsibility

Student Name _____ DOB _____

I give permission to ***I.N.S.P.i.R.E. School for Autism***, through its authorized representatives:

1. To give or seek temporary medical and/or dental treatment for my child until I am notified.
2. To receive protected health information access for medical, pharmacy, dental, vision, and other related plans.
3. I give permission for my child to be transported off-campus for visits to other medical services as necessary.

I also understand I am responsible and financially liable for the medical and/or dental care of my child who is a student at ***I.N.S.P.i.R.E. School for Autism***. If applicable, I authorize ***I.N.S.P.i.R.E. School for Autism*** to release any medical information necessary to process Medicaid and/or other insurance claims on behalf of my child.

Parent/Guardian signature _____

Parent/Guardian name printed _____

Date _____

For office use. Date received _____ Admin Signature _____
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Emergency Contact Information, Other than with whom the student lives.

Contact #1 _____ Home Phone _____

Work Phone _____

Contact #2 _____ Home Phone _____

Work Phone _____

Release of Information

I give permission for school administrators at the *I.N.S.P.I.R.E. School for Autism* to send and receive confidential medical information to my child's health care provider(s).

Physician's Name _____ Phone Number _____

Fax Number _____

Dentist's Name _____ Phone Number _____

Fax Number _____

Specialist's Name _____ Phone Number _____

Fax Number _____

Parent/Guardian Signature _____

Parent/Guardian Name Print _____

Date _____

For office use. Date received _____
Admin Signature _____

Student Emergency Information

Student's Name _____ Date of Birth _____

Last

First

MI

Street _____ City/ST/Zip _____

Home Phone# _____ Cell# _____

Person Child Lives with: () Both () Father () Mother () Guardian

Father _____

Employer _____ Phone# _____

Cell # _____

Mother _____

Employer _____ Phone# _____

Cell # _____

Please List Two Emergency Contacts who have permission to assume temporary care of your child if you cannot be reached:

1) Name _____

2) Name _____

Address _____

Address _____

Phone# _____

Phone# _____

Medical Information

For Emergency purposes, I wish to share the following information with The Inspire School for Autism:

Health Conditions _____

Allergies _____

Medications _____

Insurance Name _____ Subscriber Name _____

Subscriber # _____ Group # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Primary's Name _____ Phone# _____

Dentist's Name _____ Phone# _____

Signature of Parent/Guardian _____ Date _____

School Information

The Inspire School for Autism	P (802) 275-7301	F (802) 251-0474
Executive Director: Brendan Tubbs	P (802) 275-4070	
Executive Director: Karen Steinbeck	P (802) 275-4108	
Business Manager: Daryl Bliss	P (802) 275-4102	



Photography Release Form

PLEASE CHECK ONE:

I, _____ hereby grant permission to The I.N.S.P.i.R.E. School for Autism, Inc. to publicly post, reproduce, or publish photos and/or video clips of my child _____ for the purpose of press releases and school promotional or fundraising activities which can include but is not limited to, books, cards, calendars, invitations and school-owned/controlled websites or social media accounts without any compensation or recognition given to me.

I do not grant permission to The I.N.S.P.i.R.E. School for Autism to publish photographs or videos of my child _____.

Parent or legal guardian (print)

Parent or legal guardian (sign)

_____/_____/_____
Date