



APPLICATION FOR ENROLLMENT

2018-2019 Student Enrollment Application

Please complete and return via e-mail or in person:

The LEAD Center, Ltd.
622 A South 6th Avenue
Hopewell, VA 23860

memohan@leadctr.com or cphebb@leadctr.com

If you have any questions regarding this packet please call 804-452-3730.

www.leadctr.com

To be completed by the parent.



Student Information

Student Name	Enrollment Date	DOB	Date of I.E.P.
Previous School	Grade		Eligibility Date
L.E.A.			

#1 Parent or Guardian Information

Name of Parent/Guardian	E-mail Address (Print clearly)		
Address	Home Phone	Cell Phone	Work Phone

#2 Parent or Guardian Information

Name of Parent/Guardian	E-mail Address (Print clearly)		
Address	Home Phone	Cell Phone	Work Phone

#3 EMERGENCY CONTACT – *Must be completed and must be different from primary contact info*

Name of Emergency Contact	E-mail Address (Print clearly)		
Address	Home Phone	Cell Phone	Work Phone

To be completed by the parent.



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Others living in your household

Name	Relationship	Age	Grade

Please list below any allergies:

Please list all medications:	Dosage:	Frequency:

Allergy Notes: Please list all allergy reactions and anticipated severity. Also, note if precautions need to be taken in the classroom

I have given a copy of my child's current physical and immunization record to The LEAD Center.

Yes No

If no is checked, I will provide The LEAD Center with a current physical and immunization record by: ___/___/___.

Parent/Guardian signature: _____ Date: _____

To be completed by the parent.



APPLICATION FOR ENROLLMENT

AUTHORIZATION TO PICK UP FROM SCHOOL

Please list below all people who are authorized to pick up your child from school. You may add or remove anyone to the list by providing The LEAD Center a written request at any time.

**Your child will not be released to anyone that is not listed on this form unless a release of information is on file for a Counselor, Mentor, In-home worker, Etc.

Name	Relationship to student	Phone Number (required)

I give permission for the above named to pick up my child from The LEAD Center.

Parent Name: _____ Signature: _____

Date: _____

622A South 6th Avenue Hopewell, VA 23860 Voice: 804-452-3730 Fax: 804-452-3725

To be completed by the parent.



APPLICATION FOR ENROLLMENT

CONSENT TO RECEIVE SERVICES

Student Name	Parent/Guardian	Enrollment Date

Please read each statement below, then INITIAL EACH BOX to give consent to receive services.

I give permission for my child to be enrolled at The LEAD Center, Ltd.

I give permission to The LEAD Center, Ltd. to provide the necessary medical intervention should my child become ill or injured and require emergency medical attention. I understand that I will be notified immediately. I will notify the staff of any illness or injury that may affect my child's ability to participate in regular school activities or that may interfere with the staff's ability to intervene physically if needed.

A Medication Administration Form must be signed by the guardian and the prescribing physician for each medication. All Medications must be brought to school by the parent/guardian in a current, pharmacy prepared bottle, which states the name of the medication, the dosage, and the time to be administered. I, as the parent/guardian will be responsible for informing The LEAD Center, Ltd. of any changes in my child's medication. In the event of changes, a new Medication Administration Form must be signed.

I have notified The LEAD Center, Ltd. of any known allergies that my child has by completing the allergy and food intolerance form.

I give The LEAD Center, Ltd. permission to administer the following over the counter medications at the recommended dosage.

Tylenol

Roloids / Tums

Halls (cough drops)

Visine (eye drops)

Pepto Bismol

Neosporin (Antibiotic ointment)

I give permission for my child to participate in activities that require him/her to be transported in The LEAD Center, Ltd. provided transportation vehicles and commercially provided vehicles. I understand that a separate permission slip will be provided before each field trip.

To be completed by the parent.



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individuals at
items are being

The LEAD Center, Ltd reserves the right to search all
anytime within our program if suspicion arises that any
carried by a registered student that are prohibited.

Additionally, a “pat down” search and a search with a metal detector are completed on
every student every morning. Female students will be searched by a female staff member
and male students will be searched by a male staff member. Shoes will be removed and
searched separately. At this time any items that are considered contraband are
confiscated.

I give permission for my child to be searched either randomly or specifically.

I give permission for my child to be photographed for the yearbook and to be
photographed, video recorded or otherwise electronically recorded in the course of
evaluation or for training purposes only. Any other use will require a separate
permission slip.

All LEAD Center, Ltd. staff are trained in the Crisis Wave Behavioral Management
System. The Crisis Wave model explains how difficult behaviors begin, escalate into a
crisis and then de-escalate. It teaches diffusion techniques and skills to be used before
the physical restraint is applied. Should physical restraint be necessary, these techniques
are designed to adhere to the principle of minimum force necessary, specifically when a
student moves to the “crisis stage.” The “crisis stage” refers to when a student is
committed to “fleeing or attacking” which is marked by “fighting with peers and /or
staff, destroying property, continuously cursing/yelling, self-mutilation, leaving the
building or assigned area or other aggressive acts.” In this stage, the use of a physical
restraint will occur to transport the student to a secured time out until they can regain
control. The restraint continuum includes a physical escort, passive restraint and/or full
restraint. The parent/guardian will receive contact informing them of when their child
has been restrained and the circumstances surrounding the restraint.

In the event that my child is experiencing serious stress, physically out of control
behavior, or is threatening to do bodily harm to himself/herself or others, or is
threatening to run away, or is threatening to do property damage, or otherwise creating
an unsafe situation within the program as determined by The LEAD Center, Ltd., the use
of time out, secured time out (door closed and secured) and/or physical restraint maybe
used in order to maintain the safety of the child or other students or staff at The LEAD
Center, Ltd. I understand that the staff at The LEAD Center, Ltd. is trained and I give
permission to use time out, secured time out, and/or physical restraint as needed.

To be completed by the parent.



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I give permission for The LEAD Center, Ltd. personnel to access my child's student records in the performance of their job(s). I understand that all staff at The LEAD Center, Ltd. must sign a letter of confidentiality prior to accessing these files.

Statements of Parental Agreement

In the event that my child's bodily fluids should come in contact with the bodily fluids of any staff or student at The LEAD Center, Ltd. a blood profile will be ordered for my child to determine the possibility of transfer of any infections and I will be responsible for the cost of the test.

I have been given a copy of the parent/student handbook. The specific information related to the behavioral support program provided at The LEAD Center, Ltd. has been reviewed with me.

Parent/Guardian Name Print	Parent/Guardian Signature	Date
LEA/Designee Name Print	LEA/Designee Signature	Date
Student Name Print	Student Signature	Date

To be completed by the parent.



APPLICATION FOR ENROLLMENT

INTAKE INFORMATION

Previous School Placement			
School Name		School Name	
Reason Discharged		Reason Discharged	

History with Corrections			
Founded Charges			
Pending Charges			
Probation Officer	Name		Phone #

History of Mental Health Issues (Psychiatric Hospitalization (s))						
Hospital Name	Date	Discharge Diagnosis				
Medications	Medication	Dosage	Medication	Dosage	Medication	Dosage
Yes	No					

Check all that are applicable:			
Sex/Assault Perpetrator		Fire Setting	Intended Victim
Reactive Attachment Disorder		Suicide Ideation	Runaway
Victim Sex Assault		Homicide Ideation	other

History with Social Services (check all that apply)	
	Explanation
Foster Care	
Removal From Family	
SSI Eligible	Receiving Benefits <input type="checkbox"/>
CPS Complaint Filed By	If founded explain results:
Founded	

To be completed by the parent.



APPLICATION FOR ENROLLMENT

MEDIA RELEASE

I hereby authorize and grant permission to The LEAD Center, Ltd., and its officers, employees, subsidiaries, licensees, successors and assigns (collectively "LEAD Center"), to use the following personal information: (1) my child's picture – including photographic, motion picture, video and electronic images, and (2) my child's voice – including sound and video recordings. I agree that such pictures and voice recordings may be edited as desired, and may be used in whole or in part in any print, audio, and/or audio-visual media. This permission extends to all languages, media, markets and formats now known or hereafter devised. I understand this permission signifies that photographic or video recordings of my child may be publicly displayed via the Internet or in public settings. This permission shall continue in perpetuity.

I understand that such photographic, audio or video recordings may be used for any or all of the following purposes: marketing and promotions; conference presentations; educational presentations or courses; informational presentations; on-line educational courses; or educational or training videos. I hereby release any and all claims against LEAD Center arising from or relating to these approved uses.

I hereby waive the right to receive any payment or compensation from LEAD Center's use of any of the materials described above for any of the purposes authorized by this release. I also waive the right to inspect or approve any of the images or sounds that may be used pursuant to this release.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize LEAD Center to use the materials described above for the purposes listed above.

Name of Child: _____

Address: _____

City, State, ZIP: _____

Parent(s) or Legal Guardian(s):

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

To be completed by the parent.



APPLICATION FOR ENROLLMENT

MEDICATION RELEASE FORM

I do give permission for an authorized staff person at The L.E.A.D. Center to administer the following medication(s) to my child during school hours:

Student's name: _____

Name of medication(s)	Dosage	Time Administered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

All medication must be brought to school by the parent/guardian in the current pharmacy prepared bottle, which states the name of the medication, the dosage, and the time to be administered. I, as the parent/guardian will be responsible for informing the Center of any changes in my child's medication. In the event of changes, new administration of medication forms will be designed.

Physician's Signature: _____ Date _____

Parent/Guardian Signature _____ Date _____

When the medication is brought to school by a parent, the supply of the medication must be verified (counted/measured). If possible, the supply of the medication should be verified in the presence of the parent/witness.

***No medication will be administered without this form completed in its entirety.

To be completed by the parent.



APPLICATION FOR ENROLLMENT

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

REGARDING: (Student Name)	Birth Date

I _____ hereby give permission to The LEAD Center, Ltd. to
 _____ Release and/or _____ Obtain and/or from:

Agency	Name		
Address	City	State	ZIP
Phone number:	Fax number:		

This information is being released and/or obtained for the purposes of educational/behavioral planning.

INFORMATION REQUESTED

	Progress Notes		Physical
	Educational Evaluation		Immunization Record
	Social History		Counseling Notes
	Psychological		IEP
	History		Grade Reports
	Test Scores		Discharge Summary
	Transcripts		
OTHER			

	Signature	Date
Parent/Guardian		
Witness		

RELEASE OF INFORMATION

To be completed by the parent.



**THE
LEAD
CENTER**

APPLICATION FOR ENROLLMENT

TO WHOM IT MAY CONCERN:

REGARDING: (Student Name)	Birth Date

I _____ hereby give permission to The LEAD Center, Ltd. to
_____ Release and/or _____ Obtain and/or from:

Agency	Name		
Address	City	State	ZIP
Phone number:		Fax number:	

This information is being released and/or obtained for the purposes of educational/behavioral planning.

INFORMATION REQUESTED

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	Educational Evaluation		Immunization Record
	Social History		Counseling Notes
	Psychological		IEP
	History		Grade Reports
	Test Scores		Discharge Summary
	Transcripts		
OTHER			

	Signature	Date
Parent/Guardian		
Witness		

PARENT COMMUNICATION AND NOTIFICATION SYSTEM

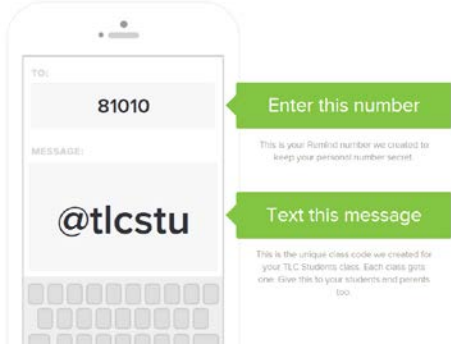
To be completed by the parent.

Dear Parent or Guardian,

2018-2019 School year

This is the method that we use to alert you of upcoming events or reminders for your child. **Please sign up for these messages. And re-sign up if/when your phone number changes.**

We typically follow the Hopewell Public Schools schedules for inclement weather. If we alter the delay or closing information from Hopewell Public Schools, we will notify you via Remind.com.

Two ways to sign up for weather alerts from LEAD	
Option 1 (via cell phone text)	Option 2 (via web & e-mail)
<p>Step 1: Send text to 81010 with message @tlcstu</p> <p>Step 2: Verify your number by texting your full name to the verification message.</p> 	<p>Step 1: Enter this web address in your browser: https://www.remind.com/join/tlcstu</p> <p>Step 2: Enter a cell phone # or e-mail address that you would like for notifications to be sent to.</p> <p>Step 3: Verify your e-mail or cell phone number by responding to the initial message and entering your full name in the verification message.</p>

To be completed by the parent.



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TECHNOLOGY USER AGREEMENT

Grades 6-12 Student Regulations

Students are expected to:

1. Use the computer for educational purposes only.
2. Use the computer in a manner which does not harm
 - a. People
 - b. Physical equipment, hardware
 - c. Software, operating systems, folders, and files
3. Protect the privacy of self and others by
 - a. Keeping passwords secret
 - b. Respecting the privacy of other students', teachers', and the school system's files.
4. Access Internet sites that are appropriate and avoid sites that
 - a. Are offensive, obscene, libelous, or disruptive or contain inflammatory language or pictures
 - b. Require a fee for access (unless authorized by the school and teacher permission is granted).
5. Use computer resources responsibly by
 - a. Self-limiting use of disk space
 - b. Self-limiting use of printing paper
6. Download materials from the Internet, or copy materials from the network, only as approved by a teacher.
7. Protect the use of the computer for others by never
 - a. Knowingly loading or creating viruses
 - b. Violating copyright laws
 - c. Destroying or deleting other's files, folders or programs.
 - d. Deliberately causing harm to any computer, system, or network
8. Use Odyssey Ware messaging responsibly by
 - a. Using appropriate language and subject matter
9. Protect, for personal safety reasons, your own privacy on the Internet by using first name and last initial unless the teacher-approved activity requires full names. Home telephone numbers, addresses, and other personal information may not be released unless written parental permission is granted.
10. Accept the consequences of improper use of computers that may include loss of Computer privileges and other disciplinary actions.

To be completed by the parent.



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Acceptable Use of Technology Policy Acknowledgment

I have read The LEAD Center's Parent Student Handbook Acceptable Use policy and I fully understand and agree to abide by its requirements in all respects. Should I violate any aspect of this Policy, I specifically agree that I shall accept and be subject to all ramifications, including but not limited to the loss of access and other privileges.

Student Name _____

School Name _____

Student Signature _____ Date _____

Parent's/Legal Guardian's Signature _____ Date _____

NOTE: Your signature on this acknowledgment is binding and establishes that you understand the terms and conditions of this policy and their significance.

To be completed by the parent.



APPLICATION FOR ENROLLMENT

TECHNOLOGY USER AGREEMENT

Grades K-5 Student Regulations

A Good Computer User:

1. Uses the computer with good intentions. Does not use a computer to hurt people or their work.
2. Respects the computer as our school's property. Does not damage the computer or other school community property.
3. Respects the law. Does not download and/or install software, shareware, or freeware unless approved by a teacher and does not violate copyright laws.
4. Practices good computer citizenship. Does not look at, send, or print inappropriate messages or pictures.
5. Respects the environment. Does not waste paper by printing too much.
6. Respects privacy rights. Does not share or use passwords that are not his/her own without a teacher's permission.
7. Respects the rights of others. Does not go into another person's folders, work, or files without permission.
8. Acts responsibly. Tells an adult if his/her computer displays inappropriate material.
9. Accepts responsibility for proper computer use. Misuse of the computer can result in loss of computer privileges and other punishments.

I agree to be a good computer user!

Student Name

Student Signature

Date

I expect my student to be a good computer user as defined by this document and The LEAD Center's Acceptable Use policy in the student handbook.

Parent's/Legal Guardian's Signature Date

To be completed by the parent.



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To be completed by the parent.

Food Allergy/ Intolerance Form

Student Name: _____ School: _____ Date: _____

Completed by: _____ Relationship to student: _____

If we have further questions about this allergy how can we contact you: _____

Please provide as much detail as possible when completing this form. **An allergy** is an immune system response to a substance known as an Allergen. For example, allergens can be foods, insects, medication and plants. **A food intolerance** is an unpleasant digestive response to a food.

Please list any known allergies:	What is the student's reaction to the allergen(s)?	What treatment should be provided if the child is exposed to the allergen?	Can the student touch the allergen?	Can the student ingest the allergen?	Can the student eat items processed in same plants as allergens?
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No

Any Epi- pens, inhalers or emergency medication will be supplied by the parent and medication forms will need to be signed by all required parties.

Parent Initials: _____

To be completed by the parent.

Food Allergy/ Intolerance Form

Please list any known food intolerances:	What is the student's reaction to the food if ingested?	What treatment should be provided if the child is exposed to the food?	Can the student touch the food?	Can the student ingest the food?	Can the student eat items processed in same plants as food intolerance?
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No

Any Epi- pens, inhalers or emergency medication will be supplied by the parent and medication forms will need to be signed by all required parties.

Parent Initials: _____

Please list any other known food intolerances and provide information as to how the intolerance is managed.

Parent Signature: _____ **Date:** _____

*Please attach allergy plan from doctor to this form, if available.

To be completed by the parent.