



CHILDREN'S VILLAGE ACADEMY
701 N. ADKIN ST.
KINSTON, NC 28501
PHONE: 252.520.4536 (K-5) **FAX: 252.520.4542**
PHONE: 252.939.1958 (6-8) **FAX: 252.939.1242**



STUDENT APPLICATION

SECTION I-BASIC INFORMATION

Date: _____ Grade: _____ School Year: _____

Student's Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/_____ (ex. 02/15/2006) Age: _____ Race: _____

Place of Birth: _____ Home Telephone: _____

Correspondence should be addressed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____



Mother/Guardian's Name: _____ Home Phone: _____

Address: _____

City, State, Zip _____

Employed: _____ Work Phone: _____

Father/Guardian's Name: _____ Home Phone: _____

Address: _____

City, State, Zip _____

Employed: _____ Work Phone: _____



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SECTION II-EDUCATION

How did you learn about Children's Village Academy?

Student's present school: _____

Enrolled since _____ Grades attended: _____ to _____

School Address: _____

School office phone: _____ Teacher/Principal _____



SECTION III-HEALTH

Describe the student's general health?

Does he/she have any physical handicaps or allergies which would limit his/her participation in a full range of school activities?

Has the student ever suffered any serious **injury/illness** or **head injury/concussion**?

Is the child under the care of a physician, psychiatrist, or psychologist? If so, describe briefly.

Check any conditions that may apply:

Asthma _____ Diabetes _____ Heart Problems _____ Seizures _____ Other _____

Is your child on any medication? _____ Name of Medication: _____

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SECTION IV-EMERGENCY CONTACT

Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____

Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____

IF NEITHER PARENT/GUARDIAN IS ABLE TO BE REACHED, LIST OTHER PERSONS TO BE CONTACTED TO PICK UP YOUR CHILD:

1. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____

3. Name: _____ Home Phone: _____ Work Phone: _____

Relationship _____ Cell Phone _____

Address: _____ Alternate #: _____

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CONSENT FOR RELEASE OF INFORMATION

_____ Student/Record Number: _____

(LAST NAME, FIRST NAME)

DATE OF BIRTH _____

I hereby authorize _____ to release specified information regarding my child's enrollment at Children's Village Academy. I hereby authorize Children's Village Academy to release specified information regarding my child's treatment to

_____.

This data shall include only that of the nature and to the extent specified below:

- () Reason for Referral
- () History of Psychotropic
- () Psychiatric Use
- () School Academic Achievement and Behavior
- () Psychological
- () Complete Service Record for Monitoring and Review
- () Social
- () Complete Administrative Record for Monitoring and Review
- () Medical Information
- () Current Medications
- () HIV or AIDS Related Information
- () Other Information

_____ I understand this information will be used for Continued Care and Assessment

The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that the information to be released is protected under State and Federal laws, and cannot be re-disclosed without my further written consent. I understand that the information to be released may include information regarding substance abuse, alcohol abuse, psychological, psychiatric, or physical impairments.

I certify that this authorization is made freely, voluntarily, and without coercion. I understand that I may revoke this consent at any time, except to the extent that action has already been taken. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure and is valid for only one year from the date signed. I also certify that I was given a copy of CHILDREN'S VILLAGE ACADEMY'S Privacy Statement.

Signature of Parent/Legal Guardian

Children's Village Representative/Date

Expiration Date: _____