



# Agreement of Relevant Information

I, \_\_\_\_\_, agree to provide all relevant and new information on \_\_\_\_\_ prior to his/her enrollment at Chelsea School. If all the information is not provided it may impact placement. For the acceptance to remain, he/she must still have their current diagnosis of \_\_\_\_\_.

Your First & Last Name  
Student's Full Name  
Student's current diagnosis- MUST BE FILLED

We cannot accept a student with a primary coding of  
"Emotional Disability."

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form should be submitted with student's application or emailed to [cgrayson@chelseaschool.edu](mailto:cgrayson@chelseaschool.edu)**