

1,, agree to provide an relevant and new	I,	,, agree to provide all relevant and new
--	----	--

information on ______ prior to his/her enrollment at Chelsea School.

If all information is not provided it may impact placement. In order for the acceptance to

remain, he/she must still have their current diagnosis of ______.

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

Parent Signature Date

Parent Signature Date

2970 Belcrest Center Drive Suite 300 ■ Hyattsville, MD 20782 ■ Tel: (240) 467-2100 ■ Fax: (240) 467-2120 Website: www.chelseaschool.edu ■ email: information@chelseaschool.edu