

Agreement of Relevant Information

Your First &	Last Name			, ag	ree to pro	vide all relev	
and new information on					Student's Full Name prior to		
his/her e	enrollme	ent at C	helsea :	School. I	f all the in	formation is	not
provided	l it may i	mpact	placem	ent. For	the accept	cance to rem	ain,
he/she	must	still	have	their	current	diagnosis	of
				•		_	
Student's	current diagnosis-	- MUST BE FILL	.ED				
We cannot accept a student with a primary coding of							
"Emotional Disability."							
Parent/Guardian Signature					Date	9	

This form should be submitted with student's application or emailed to ckadan@chelseaschool.edu