



ENROLLMENT APPLICATION

The Small School with a Big Heart

198 Cooper Road
Westminster, SC 29693

Phone: (864) 647-1885
Fax: (866) 399-1869
E-mail: info@cherokeecreek.net



Cherokee Creek Boys School

Section I: Applying for Enrollment

Cherokee Creek Boys School is a residential school for boys ages 11-15 in 5th to 9th grade, who are struggling emotionally, academically, personally and socially. Our admissions process is comprehensive so the Cherokee Creek Admissions Office can get to know each applicant's current functioning and needs. In addition, we hope to learn about the applicant's family and life story. Parents are usually the primary source for this information.

Applying for admission is a **multi-step process**. Providing **all information requested** and following the instructions carefully will expedite the process. We look forward to getting to know you and your son!

Step 1 – Complete the Enrollment Application

Complete all sections of the *Enrollment Application* by providing all information requested. Please note sections that require supporting documentation and be sure to attach it to the application. A checklist is provided with the application to assist you in collecting these supporting documents, i.e., academic or psychological evaluations, school records, proof of custody, etc.

Step 2 – Request Records of Prior Interventions

A critical part of the admissions process is reviewing any current psychological evaluations that have been conducted, along with records of prior placements, treatment interventions or other counseling efforts. Two forms included in the *Enrollment Application—Prior Counseling and Evaluation History* and *Prior Placements and Interventions*—request information on these interventions.

- If you already have copies of records from prior placements or from professionals that have provided services to your son, please fax or mail those records to the Admissions Office with the *Enrollment Application*.
- If you do not have copies of these records, please make **multiple copies** of the *Authorization for Release of Information* form, then complete and send this form to **each** professional or agency that have provided services to your son, requesting that a copy of your son's records be sent **directly** to the Admissions Office.

Step 3 – Request School Records

Cherokee Creek requires educational records from **each school** attended by the student as current school records are critical to developing an effective educational plan for the student. Fill out the *Request for School Records* form and send or hand carry it to the last school attended by the student. If the student has attended more than one school, please make **additional copies** of this form and send one form to **each school**. Request that each school send copies of the student's educational records **directly** to our Admissions Office.

Step 4 – Submit Enrollment Application and supporting documents

Should you have questions about the *Enrollment Application* or require additional information about the admissions process, do not hesitate to contact the **Admissions Office** at **864.647.1885**. The completed application and all supporting documentation should be mailed or faxed as indicated at the bottom of this page. If you decide to fax the completed application to expedite the admissions process, please **follow-up by mailing the original application** to the Admissions Office at the address below.



Cherokee Creek Boys School

Section 1: Applying for Enrollment (continued)

Step 5 – Applicant Screening

Upon receipt of the application materials, the Admissions Office will review all information and materials provided to ensure that they are complete. If any of the information provided is unclear or incomplete, our Admissions Office may contact you for additional information. The complete application is then presented to the Admissions Committee for review to determine the applicant's appropriateness for enrollment. **Our goal is to make a decision 24-48 hours within receipt of the Enrollment Application.**

Cherokee Creek adheres to a strict policy of nondiscrimination. Students are screened on the basis of their academic/behavioral/emotional/medical profile. No student is ever denied acceptance solely on the basis of race, color, religious belief, national origin or sexual orientation.

Step 6 – Pre-enrollment Requirements (to be completed only if Applicant is accepted)

Acceptance by the Admissions Office is **conditional** based upon satisfactory completion of all pre-enrollment requirements. A separate packet will be provided detailing these requirements but, briefly, they include:

- Complete and return Section II: Health Clearance consisting of physical examination, activity clearance, and proof of current immunizations. This section also includes parental consent for medical treatment and health insurance information.
- Complete and return Section III: Enrollment Agreement consisting of the terms of enrollment and financial responsibility for tuition and other fees.

Final acceptance for enrollment will be determined upon receipt and review of all pre-enrollment documents.

Step 7 – Preparing Student for Enrollment

Travel arrangements should not be made until final confirmation of the student's acceptance for enrollment is received. Our Admissions Office will advise you when all requirements have been met and recommend you proceed with travel arrangements.

Finally, please be open and honest with your child about your plans to enroll him in a special school and refrain from making promises about the length of time he will be away from home. Send the message that he is in control of that time line based on how hard he works to overcome his current struggles.



Enrollment Application Checklist

Applicant's Name:	Date Submitted:
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This *Enrollment Application Checklist* is provided as a guide to assist you in collecting all documents required to apply for enrollment. Submit the completed application and this checklist with the required supporting documents to the Admissions Office. If any items cannot be gathered in a timely manner, please make a note in the appropriate place on the checklist letting us know the status of the missing item and when the Admissions Office can expect to receive it. Missing items may delay the processing of the application and screening of the applicant for admission.

☐	<u>Enrollment Application</u> completed and signatures provided where required: ☐ Student and Family Information ☐ Personal and Behavioral History ☐ Educational History ☐ Medical History ☐ Counseling and Evaluations History / Authorization to Release Information ☐ Prior Placements and Interventions ☐ Authorization for Release of Information ☐ Request for School Records ☐ Request for Special Services from School District of Oconee County
☐	<u>Proof of Custody</u> - Provide copy of all court orders and agreements relating to custody of student, if parents are divorced. It is essential that we understand who has custody and, therefore, who has the authority to enroll the student.
☐	<u>Psychological Evaluation</u> - The <i>Authorization for Release of Information</i> form has been sent to request each psychological evaluation that has been conducted. The student's evaluations are: ☐ Enclosed with this packet. ☐ Being sent directly to the Cherokee Creek Admissions Office by the professional who conducted the evaluation ☐ Previously sent to the Cherokee Creek Admissions Office ☐ No prior evaluation has been conducted
☐	<u>Educational Records</u> – The <i>Request for Educational Records</i> form submitted to each school student has attended. The student's educational records, including IEP and special service records, are: ☐ Previously submitted during applicant screening. ☐ Enclosed with this packet. ☐ Being sent directly to the Cherokee Creek Admissions Office by each school; records should be expected from ____ different schools.
☐	<u>Prior Placement and Intervention Records</u> – The <i>Records Request</i> form has been sent to each therapeutic school or agency that has provided services to the student. The student's records are: ☐ Enclosed with this packet. ☐ Being sent directly to the Cherokee Creek Admissions Office by ____ agencies [insert number]. ☐ Previously sent to the Cherokee Creek Admissions Office ☐ No prior placements or services
<u>Comments:</u> 	

**Cherokee Creek Boys School – Admissions Office ▪ 198 Cooper Road, Westminster, SC 29693
Phone: (864) 647-1885 ▪ Fax: (866) 399-1869**

Student and Family Information



Student Information

Student Name (First Middle Last Name)		Date Application Completed	Proposed Date of Enrollment
Nickname	Gender ☐ Male ☐ Female	Date Received (Office Use)	Date of Enrollment (Office Use)
Date of Birth	Age at admission	Birthplace	Country of Citizenship
Is student adopted? ☐ Yes ☐ No	Age Adopted	Social Security Number	
Permanent Street Address		Telephone Number	
City	State Zip	E-mail Address	
Religious Preference (optional)	Race/ethnicity (optional)	Student's Native Language	Other languages spoken in home
Height	Weight	Eye Color	Hair Color

Custody Information (Copy of all court orders relating to custody of student must be submitted with this application)

Biological/Adoptive Parent's Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Never Married		
Parent/Guardian full name	Relationship	Type of Custody ☐ Joint ☐ Full
Parent/Guardian full name	Relationship	Type of Custody ☐ Joint ☐ Full

Father's Contact Information

Father's Full Name (First Middle Last)		Degree of Involvement: ☐ Fully involved ☐ Not involved ☐ Deceased ☐ Limited visitation ☐ No contact by court order/send copy	
Date of Birth	Occupation	Business Telephone	Cellular Telephone
Street Address		Home Telephone	Other Telephone/Pager
City	State Zip	Fax	E-mail
Stepmother/Partner's Name (if applicable)		Date of Birth	Occupation
Business Telephone	Cellular Telephone	E-mail	

Mother's Contact Information

Mother's Full Name (First Middle Last)		Degree of Involvement: ☐ Fully involved ☐ Not involved ☐ Deceased ☐ Limited visitation ☐ No contact by court order/send copy	
Date of Birth	Occupation	Business Telephone	Cellular Telephone
Street Address ☐ Same as Father above		Home Telephone	Other Telephone/Pager
City	State Zip	Fax	E-mail
Stepfather/Partner's Name (if applicable)		Date of Birth	Occupation
Business Telephone	Cellular Telephone	E-mail	

NAME OF STUDENT

Guardian Information (IF OTHER THAN BIOLOGICAL OR ADOPTIVE PARENTS)

Guardian's Full Name (First Middle Last)		Relationship to Student	Social Security Number
Date of Birth	Occupation	Home Telephone	Cellular Telephone
Street Address		Business Telephone	Fax
City	State	Zip	E-mail

Guardian's Spouse/Partner (if applicable)		Date Married	Social Security Number
Occupation	Business Telephone	Cellular Telephone	Occupation

Financial Sponsor Information (IF OTHER THAN STUDENT'S PARENTS)

Sponsor's Full Name (First Middle Last)		Relationship to Student	
Agency/Organization Name (if applicable)		Home Telephone	Cellular Telephone
Street Address		Business Telephone	Fax
City	State	Zip	E-mail

Emergency Contact Information (TO BE NOTIFIED ONLY IF PARENTS CANNOT BE REACHED)

Name of Emergency Contact		Relationship to Student	
Street Address		Home Telephone	Cellular Telephone
City	State	Zip	E-mail

Sibling Information (LIST ALL SIBLINGS OF APPLICANT INCLUDING HALF-SIBLINGS OR STEP-SIBLINGS)

NAME OF SIBLING	GENDER	DOB	AGE	ADOPTED?	LIVES WITH (MOTHER, FATHER, INDEPENDENTLY)

Referral Source Information (WHO REFERRED YOU TO CHEROKEE CREEK?)

Name of Referral Source		Title	
Organization Name		Telephone	Fax
Street Address		E-mail	
City	State	Zip	

Information Provided By

PRINT NAME	SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED

Personal and Behavioral History



Student Name (First, Middle, Last)	Date of Birth
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Student's Current Functioning (ATTACH ADDITIONAL SHEET OF PAPER IF NEEDED TO PROVIDE DETAILED INFORMATION)

Describe any significant challenges or behavioral issues facing the student. Include primary reason for enrollment in Cherokee Creek.
Describe any behavioral or mood changes experienced by student. When did they begin? Precipitating factors?
Describe how student expresses intense feelings (anger, frustration, disappointment, sadness, happiness, excitement, etc.).

Student's Behavioral/Emotional History

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY, CURRENTLY OR IN THE PAST. FOR ANY "YES" ANSWER, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE SPACE BELOW; ATTACH ADDITIONAL SHEET OF PAPER IF NEEDED.

Alcohol use/abuse	☐ Yes ☐ No	Stealing	☐ Yes ☐ No
Drug use/abuse	☐ Yes ☐ No	Sexual activity	☐ Yes ☐ No
Tobacco products use/abuse	☐ Yes ☐ No	Physical abuse (history or behavior)	☐ Yes ☐ No
Depression	☐ Yes ☐ No	Sexual abuse/assault (history or behavior)	☐ Yes ☐ No
Self-harm or self-abusive behavior	☐ Yes ☐ No	Eating disorder/large weight gains or losses	☐ Yes ☐ No
Suicide discussion, threat or attempt	☐ Yes ☐ No	Death of parent, sibling, family member	☐ Yes ☐ No
Mood or thought disorder	☐ Yes ☐ No	Death of friend	☐ Yes ☐ No
Aggressive behavior (verbal and physical)	☐ Yes ☐ No	Other traumatic event (specify)	☐ Yes ☐ No
Arson/fire setting	☐ Yes ☐ No	Police involvement	☐ Yes ☐ No
Cruelty to animals	☐ Yes ☐ No	Juvenile Probation	☐ Yes ☐ No
Running away from home or placement	☐ Yes ☐ No	Other (Specify):	☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY ITEMS ABOVE, PLEASE PROVIDE ADDITIONAL INFORMATION.

ISSUE	DATE OF LAST OCCURRENCE	EXPLANATION (INCLUDE FREQUENCY AND INTENSITY)

NAME OF STUDENT

Student's Relationships (ATTACH ADDITIONAL SHEET OF PAPER IF NEEDED TO PROVIDE DETAILED INFORMATION)

Describe student's primary family relationships. Include description of relationship with parents, step-parents, siblings and grandparents.

Describe the student's relationship with adults other than his parents.

Describe student's peer relationships.

Student's Strengths, Interests, Accomplishments and Goals

Describe the student's primary strengths.

Describe the student's areas of interest and/or major accomplishments.

Describe parents' goals for the student following completion of Cherokee Creek.

Describe parents' goals for student's behavioral and character development.

Additional Information

Has student experienced any specific fears (explained or unexplained) such as fear of water, heights, darkness, thunder, insects, animals, death? At what age?

Provide any additional student or family history that would be helpful in understanding the student's current needs. If student is adopted, please provide the adoption history (age at time of adoption, circumstances, age when told adopted, degree of acceptance).

Has student or family experienced many major changes (multiple moves, numerous schools, placements, etc?)

Any thing else you would like us to know about the student?

Information Provided By

PRINT NAME	SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED

Educational History



Student Information

Student Name (First, Middle, Last)	Date of Birth	Social Security Number
Street Address	City	State Zip

Previous Schools

Please list all schools attended (most recent first) with complete addresses and phone numbers. If additional space is needed, make a copy of this page or attach an additional sheet.

Name of School	Highest Grade Completed	
Street Address	Dates of Enrollment From:	To:
City State Zip	Telephone Number	Fax Number
Reason for Withdrawal		

Name of School	Highest Grade Completed	
Street Address	Dates of Enrollment From:	To:
City State Zip	Telephone Number	Fax Number
Reason for Withdrawal		

Name of School	Highest Grade Completed	
Street Address	Dates of Enrollment From:	To:
City State Zip	Telephone Number	Fax Number
Reason for Withdrawal		

Future School IF KNOWN, LIST SCHOOL STUDENT WILL BE ATTENDING FOLLOWING COMPLETION OF CHEROKEE CREEK BOYS SCHOOL

Name of School	Proposed enrollment date	
Street Address	Telephone Number	Fax Number
City State Zip	E-mail Address:	

Authorization for Release of Information

The undersigned hereby grant permission to release all available school records for the above named student to Cherokee Creek Boys School. Permission is granted to release the following records: official transcript of credit; withdrawal grades; special education records; IEP; educational assessment results; health records; immunization records; disciplinary reports; counseling information and any records pertaining to psychiatric or psychological evaluation of the student. A photocopy of this authorization shall be deemed valid as though it were an original document.

Print Name	Signature of Parent/Guardian	Date Signed

Cherokee Creek Boys School Admissions Office, 198 Cooper Road, Westminster, SC 29693
Telephone: (864) 647-1885 ■ Fax: (866) 399-1869

NAME OF STUDENT

Current Academic Status

Current Grade Level:	Approximate Grade Point Average (GPA):
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Learning Differences (PLEASE ATTACH COPIES OF EVALUATIONS, IEP OR OTHER RELATED DOCUMENTS)

Does student have a preferred learning style (written, oral, graphics / visuals, experiential, tactile)?		
Does student have any known learning differences? If yes, specify type and attach copy of evaluation (if available). ☐ Yes ☐ No		
Has student ever been diagnosed with any attention issues (ADD, ADHD)? If yes, specify type and attach copy of evaluation . ☐ Yes ☐ No		
Has student ever been prescribed medication to assist with attention difficulties? If yes, specify name of medication. ☐ Yes ☐ No		
Are there any special needs or educational considerations required for the student? If yes, please explain ☐ Yes ☐ No		
Does student have an Individualized Education Plan (IEP)? ☐ Yes ☐ No If yes, please attach copy of IEP	Date Implemented	Date last modified

School Behavior

DESCRIBE STUDENT'S FEELINGS ABOUT SCHOOL.
DOES STUDENT HAVE A HISTORY OF SCHOOL BEHAVIOR PROBLEMS? IF YES, PLEASE EXPLAIN. ☐ Yes ☐ No
HAS STUDENT EVER REPEATED A GRADE? IF YES, PLEASE EXPLAIN. ☐ Yes ☐ No
HAS STUDENT EVER BEEN EXPELLED FROM SCHOOL? IF SO, PLEASE EXPLAIN CIRCUMSTANCES. ☐ Yes ☐ No

Educational Interests, Accomplishments and Goals

DESCRIBE STUDENT'S EDUCATIONAL INTERESTS AND ANY SPECIAL ACCOMPLISHMENTS.
DESCRIBE ANY EXTRA-CURRICULAR ACTIVITIES IN WHICH THE STUDENT HAS PARTICIPATED.
DESCRIBE YOUR SHORT-TERM AND LONG-TERM EDUCATIONAL GOALS/HOPES FOR THE STUDENT.

Information Provided By

Print Name	Signature of Parent/Guardian	Date Signed

Medical History



Name of Student	Date of Birth
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Current Health Status (Please attach a recent physical examination document)

CURRENT OR CHRONIC CONDITIONS AFFECTING THE STUDENT (PLEASE BE SPECIFIC) ☐ None Known
KNOWN ACTIVITY LIMITATIONS (PLEASE BE SPECIFIC) ☐ None Known
DIETARY REQUIREMENTS ☐ No restrictions ☐ Low salt ☐ Low sugar ☐ OTHER (describe below)

Allergies (PLEASE PROVIDE SPECIFIC ALLERGIES, SEVERITY AND TYPE OF REACTION, DATE OF LAST REACTION)

ALLERGY	DATE OF LAST REACTION	SEVERITY OF REACTION	DESCRIBE REACTION	TREATMENT

Current Medications ☐ No prescribed medications at time of enrollment

NAME OF MEDICATION	DATE STARTED	DOSAGE/SCHEDULE	DIAGNOSIS/REASON FOR MEDICATION

Prior Psychotropic Medications ☐ No prior psychotropic medications

LIST ANY PSYCHOTROPIC MEDICATIONS THAT STUDENT HAS TAKEN IN THE PAST BUT IS NO LONGER TAKING.

NAME OF MEDICATION	DATE STOPPED	DOSAGE/SCHEDULE	DIAGNOSIS/REASON FOR MEDICATION

Injuries and Hospitalizations

HAS STUDENT HAD ANY SERIOUS INJURIES? IF SO, PLEASE SPECIFY NATURE OF INJURY AND YEAR OF OCCURRENCE. (INCLUDE ANY BROKEN BONES) ☐ Yes ☐ No
HAS STUDENT EVER HAD SURGERY OR BEEN HOSPITALIZED FOR MEDICAL REASONS? IF SO, PLEASE EXPLAIN REASON AND DATE OF OCCURRENCE. ☐ Yes ☐ No

NAME OF STUDENT

Diseases/Medical Conditions (HAS STUDENT HAD ANY OF THE FOLLOWING?)

Acne	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No	Mononucleosis	☐ Yes ☐ No
Anemia	☐ Yes ☐ No	Diarrhea, frequent	☐ Yes ☐ No	Muscle weakness	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Ear infections, frequent	☐ Yes ☐ No	Obesity/over weight	☐ Yes ☐ No
Bleeding disorder	☐ Yes ☐ No	Epilepsy/seizures	☐ Yes ☐ No	Osgood Schlatter	☐ Yes ☐ No
Bone condition	☐ Yes ☐ No	Frostbite	☐ Yes ☐ No	Pneumonia	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Headaches, frequent	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Chicken pox	☐ Yes ☐ No	Hearing loss	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Circulation problems	☐ Yes ☐ No	Heart disorder/problem	☐ Yes ☐ No	Scoliosis	☐ Yes ☐ No
Colds, frequent	☐ Yes ☐ No	Heart murmur	☐ Yes ☐ No	Sickle cell trait	☐ Yes ☐ No
Concussion	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No	Sore throats, frequent	☐ Yes ☐ No
Constipation, frequent	☐ Yes ☐ No	HIV positive/AIDS	☐ Yes ☐ No	Urinary Tract Infections	☐ Yes ☐ No
Dermatitis	☐ Yes ☐ No	Joints, problem with	☐ Yes ☐ No	Other/Specify	☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY ITEMS ABOVE, PLEASE PROVIDE ADDITIONAL INFORMATION

CONDITION	DATE OF LAST OCCURRENCE	EXPLANATION

Family Medical History (HAVE ANY OF THE STUDENT'S CLOSEST BIOLOGICAL RELATIVES HAD ANY OF THE FOLLOWING?)

	FAMILY MEMBER	PLEASE PROVIDE DETAILS
Bleeding disorder	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
Cardiovascular disease	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Drug/alcohol dependency	☐ Yes ☐ No	
Epilepsy or Convulsions	☐ Yes ☐ No	
Psychiatric illness	☐ Yes ☐ No	
High blood pressure	☐ Yes ☐ No	
Tuberculosis	☐ Yes ☐ No	
Other (specify)		

Additional Medical History

PROVIDE ANY OTHER MEDICAL INFORMATION NOT PREVIOUSLY LISTED AND ANY OTHER IMPORTANT INFORMATION RELATING TO THE HEALTH HISTORY OF THE STUDENT. IF STUDENT IS ADOPTED, IS ANY INFORMATION AVAILABLE REGARDING MEDICAL HISTORY OF BIOLOGICAL PARENTS?

NAME OF STUDENT

Medical Provider Contact Information

PHYSICIAN'S NAME (PLEASE PRINT)			
STREET ADDRESS		CITY	STATE ZIP
TELEPHONE		FAX	
E-MAIL		DATE OF LAST EXAMINATION	

DENTIST'S NAME (PLEASE PRINT)	STUDENT REQUIRES (CHECK ALL THAT APPLY): ☐ RETAINER ☐ DENTURES		
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
E-MAIL	DATE OF LAST EXAMINATION		

ORTHODONTIST'S NAME (PLEASE PRINT)	STUDENT REQUIRES (CHECK ALL THAT APPLY): ☐ RETAINER ☐ BRACES		
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
E-MAIL	DATE OF LAST EXAMINATION OR ADJUSTMENT		

OPTOMETRIST'S NAME (PLEASE PRINT)	STUDENT REQUIRES (CHECK ALL THAT APPLY): ☐ EYEGLASSES ☐ CONTACT LENSES		
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
E-MAIL	DATE OF LAST EXAMINATION		

PSYCHIATRIST OR OTHER HEALTHCARE PROVIDER'S NAME (PLEASE PRINT)	SPECIALTY		
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
E-MAIL	DATE OF LAST EXAMINATION		

Authorization for Release of Information

The undersigned hereby attests that the medical information provided above is accurate and complete. The undersigned also authorizes and consents to the release of any and all information about Student's medical or dental history, including Student's medical and dental records, to any provider or facility providing medical care or dental care, and to emergency transport professionals. The undersigned further authorizes the above medical providers to release information regarding the above named student to Cherokee Creek Boys School and authorizes Cherokee Creek Boys School to release information regarding the student's health status or care to these providers. A photocopy of this authorization shall be deemed valid as though it were an original document.

Print Name	Signature of Parent/Guardian	Date Signed

Counseling and Evaluations History Authorization to Release Information



Student Name (First, Middle, Last)	Date of Birth
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As part of the admissions process or during the Student's enrollment in Cherokee Creek Boys School it is sometimes beneficial to contact professionals (such as educational consultants, school counselors or former therapists) who have previously been involved in the assessment, planning or treatment of the Student. Cherokee Creek Boys School needs parent/guardian permission to contact these professionals for information regarding previous evaluations, treatment or planning. In addition, we need to know which of these professionals will continue to be involved with the Student and if we are authorized to share information with them regarding the Student's progress in Cherokee Creek Boys School.

Please list Student's educational consultant, therapist, psychiatrist, psychologist, social worker or other professionals who have provided services to student and indicate those professionals who are authorized to receive verbal or written reports from Cherokee Creek Boys School by marking "Yes" in the "Progress Reports Authorized?" box.

(Use additional copies of this form, if necessary)

Full Name	Type of Service Provided	
Agency/Company Name	Dates of Service From: To:	Progress Reports Authorized? ☐ Yes ☐ No
Street Address	Business Telephone	Cellular Telephone
City State Zip	Fax	E-mail

Full Name	Type of Service Provided	
Agency/Company Name	Dates of Service From: To:	Progress Reports Authorized? ☐ Yes ☐ No
Street Address	Business Telephone	Cellular Telephone
City State Zip	Fax	E-mail

Full Name	Type of Service Provided	
Agency/Company Name	Dates of Service From: To:	Progress Reports Authorized? ☐ Yes ☐ No
Street Address	Business Telephone	Cellular Telephone
City State Zip	Fax	E-mail

Authorization for Release of Information

I hereby authorize the professionals listed above to release information regarding the above named Student to Cherokee Creek Boys School and authorize Cherokee Creek Boys School to release information regarding the Student only to those professionals flagged above to receive Progress Reports. Information covered by this authorization shall include social history, psychological or educational evaluations, treatment plans and progress notes, educational planning, academic records, incidents reports, medical records, discharge summaries, and other records that may be helpful in the planning for the Student. This authorization shall be effective beginning on the date signed and remain in effect for 30 days after Student's discharge. The undersigned understands that he/she may inspect or copy the protected information to be used or disclosed and may revoke this authorization in writing by contacting the Admissions Office at the address below, attention Privacy Officer. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA. The undersigned also understands that he/she may refuse to sign this authorization and that Cherokee Creek Boys School will not condition enrollment, service availability or payment on the provision of this authorization. A photocopy of this authorization shall be deemed valid as though it were an original document.

PRINT NAME	SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED

Cherokee Creek Boys School – Admissions Office, 198 Cooper Road, Westminster, SC 29693 USA
Telephone: (864) 647-1885 Fax: (866) 399-1869

Prior Placements and Interventions



Student Name (First, Middle, Last)	Date of Birth
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Please list all prior out-of-home placements, including special purpose boarding schools, wilderness programs, substance abuse programs, psychiatric hospitalizations, residential treatment centers, etc.

(Use additional copies of this form, if necessary)

Name of School/Program/Hospital	Contact Name	
Street Address	Telephone Number	Fax Telephone Number
City State Zip	Dates of Enrollment/Placement From:	To:
Reason for enrollment/admission		
Departure Circumstances		

Name of School/Program/Hospital	Contact Name	
Street Address	Telephone Number	Fax Telephone Number
City State Zip	Dates of Enrollment/Placement From:	To:
Reason for enrollment/admission		
Departure Circumstances		

Authorization for Release of Information

The undersigned hereby grant permission to release to Cherokee Creek Boys School all available information and/or records regarding the above named Student, including social history, psychological or educational evaluations, treatment plans, progress reports, therapy notes, incident reports, discharge summary, physical examination and medical reports, academic plans, academic transcripts, and other materials that may be helpful in the treatment or education planning for the Student. This authorization shall be effective beginning on the date signed and remain in effect for a period of one year or until the date of the student's discharge from the program, whichever comes first. The undersigned understands that he/she may inspect or copy the protected information to be used or disclosed and may revoke this authorization in writing by contacting the Admissions Office at the address below, attention Privacy Officer. Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA. The undersigned also understands that he/she may refuse to sign this authorization and that Cherokee Creek Boys School will not condition enrollment, service availability or payment on the provision of this authorization. A photocopy of this authorization shall be deemed valid as though it were an original document.

PRINT NAME	SIGNATURE OF PARENT/GUARDIAN AND STUDENT	DATE SIGNED

Cherokee Creek Boys School – Admissions Office, 198 Cooper Road, Westminster, SC 29693 USA
Telephone: (864) 647-1885 ▪ Fax: (866) 399-1869

Authorization for Release of Information



Student Name (First, Middle, Last)	Date of Birth	Social Security Number	
Street Address	City	State	Zip

Records Department,

The above named student is being enrolled in Cherokee Creek Boys School and records of prior evaluations or therapeutic interventions are needed to assist in planning services for the student. This release authorizes the provider indicated below to release information to Cherokee Creek Boys School.

Name of Provider:		Dates of Service:	
Street Address	City	State	Zip

Please send copies of the following information to the address at the bottom of the page:

- | | |
|---|---|
| ☐ Verification of dates of service | ☐ Treatment Plan and modifications |
| ☐ Discharge Summary | ☐ Consultations |
| ☐ Social History | ☐ Progress Reports |
| ☐ Intake Interview or Assessment | ☐ Incident Reports |
| ☐ Medical reports | |
| ☐ Psychological, psychiatric, or educational evaluations | |
| ☐ Other records relevant to academic or treatment planning | |

Thank you for your prompt attention to this request.

Authorization for Release of Information

I hereby authorize the release of information regarding the above-named Student to Cherokee Creek Boys School. Information covered by this authorization shall include social history, psychological or educational evaluations, treatment plans and progress notes, educational planning, academic records, incidents reports, medical records, discharge summaries, and other records that may be helpful in the treatment or educational planning for the Student. This authorization shall be effective beginning on the date signed and remain in effect for 30 days following the date of the student's discharge from Cherokee Creek Boys School. The undersigned understands that he/she may inspect or copy the protected information to be used or disclosed and may revoke this authorization in writing by contacting the Admissions Office at the address below, attention Privacy Officer. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA. The undersigned also understands that he/she may refuse to sign this authorization and that Cherokee Creek Boys School will not condition enrollment, service availability or payment on the provision of this authorization. A photocopy of this authorization shall be deemed valid as though it were an original document.

Print Name	Signature of Parent/Guardian	Date Signed

Send records to the following address:

**Cherokee Creek Boys School
Admissions Office
198 Cooper Road
Westminster, SC 29693**

**Phone: (864) 647-1885
Fax: (866) 399-1869**

Request for School Records



Student Name (First, Middle, Last)	Date of Birth	Social Security Number
Street Address	City	State, Zip

Dear Registrar,

The above named student is being enrolled in Cherokee Creek Boys School and prior school records are needed to assist in academic planning. Please send copies of the following documents to the address at the bottom of the page:

- ☐ Verification of dates of enrollment and withdrawal
- ☐ Reason for withdrawal from your school and withdrawal grades
- ☐ Current credit transcript
- ☐ Educational evaluations, achievement test results, special education assessment
- ☐ IEP, if applicable
- ☐ Disciplinary records
- ☐ Health and immunization records
- ☐ Hearing and vision screening
- ☐ Speech screening or assessment
- ☐ Other records relevant to academic planning
- ☐ Graduation requirements for your school

Please do not send the original academic record as we would like it to remain on file at your school. Thank you for your prompt attention to this request.

Authorization for Release of Information

The undersigned hereby grant permission to release all available school records for the above named student to Cherokee Creek Boys School. Permission is granted to release the following records: official transcript of credit; withdrawal grades; special education records; IEP; educational assessment results; health records; immunization records; disciplinary reports; counseling information and any records pertaining to psychiatric or psychological evaluation of the student. A photocopy of this authorization shall be deemed valid as though it were an original document.

Print Name	Signature of Parent/Guardian and Student	Date Signed

Send records to the following address:

**Cherokee Creek Boys School
Admissions Office
198 Cooper Road
Westminster, SC 29693**

**Phone: (864) 647-1885
Fax: (866) 399-1869**

Request for Special Services School District of Oconee County



Student Name (First, Middle, Last)	Date of Birth	Social Security Number
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The above-named student may be in need of special services from the School District of Oconee County (hereinafter "SDOC") during his enrollment in Cherokee Creek Boys School. The undersigned parent or guardian hereby authorizes Cherokee Creek Boys School to release Student's educational and psychological records to the SDOC for review of need for special services. The undersigned also authorizes SDOC to administer a hearing and vision screening for these services.

Additional information regarding the special services available from SDOC to qualifying students is available from Cherokee Creek Boys School at (864) 647-1885 or from SDOC Special Services at the address or telephone number below.

Print Name	Signature of Parent/Guardian and Student	Date Signed

School District of Oconee County Contact Information:

SDOC Special Services
Director
P.O. Box 649
Walhalla, SC 29691
(864) 886-4400 ext. 143