



THE BIRCHTREE CENTER

2064 Woodbury Ave • Suite 204 • Newington NH 03801
www.birchtreecenter.org • 603-433-4192

Application Form

Please type or print. To be sent with recent evaluations and a video of your child.

Student Information

Student's full name: _____
Last First Middle

Gender: _____ Date of Birth: _____ Current age: _____

Please indicate which nationality best represents the student (*this information will be kept confidential and is required by the New Hampshire Department of Education: Division of Program Support/Bureau of Data Management*):

- American Indian/Alaskan Native
 Asian
 Hispanic
 Black/Non-Hispanic
 White/Non-Hispanic
 Other _____

Current address:

Street City State Zip code

Parent Information

(1) Parent/Guardian name: _____
Last First Middle

Relationship to child: _____

Home Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____

(2) Parent/Guardian name: _____
Last First Middle

Relationship to child: _____

Home Phone: _____

Occupation: _____ Work Phone: _____

Work Address: _____

What is the primary language spoken at home? _____

Who referred you to The Birchtree Center? _____

History and Current Status

Diagnosis performed by: _____

Primary diagnosis on IEP: _____ Date of diagnosis: _____

Does your child have a secondary diagnosis and/or any other medical conditions? _____

Is your child currently enrolled in a school/program? _____

If yes: Name of school/program: _____

School district: _____ Special Education Director: _____

Program description: _____

If no: Is your child currently on a waiting list? _____

School(s) s/he is on a waiting list for: _____

Do you have a private therapist or home program? _____ If yes, describe: _____

Regarding placement

Have you requested an out-of-district placement at an IEP meeting? _____

Do you expect tuition to be covered by your school system or will placement be funded privately?

What is the primary reason for exploring out of district placement for the student? _____

Signature of parent or guardian: _____ Date: _____

Materials submitted:

- Application Form**
- Video of your child (directions on page 3)**
- Recent evaluations of your child (explanation on page 3)**



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Additional Application Materials

Video

Please submit a minimum of ten (10) minutes of video footage of your child. Record 5-10 minutes of your child in a structured learning setting, as well as 5-10 minutes of your child in an unstructured setting (for example, playing, interacting with family and/or friends, and/or participating in daily activities). Please submit video footage on a DVD, CD-Rom, or on a USB memory stick.

Evaluations

Please submit copies of your child's most recent I.E.P. (Individualized Education Program) and most recent evaluations. Examples of pertinent evaluations include, but are not limited to: neurological, psychological/psychiatric, speech and language, occupational therapy, medical.

Please send all materials to:

The Birchtree Center
Attn: Enrollment Application
2064 Woodbury Avenue, Suite 204
Newington, NH 03801

Nondiscriminatory Policy

In accordance with United States Revenue Procedure 75-50, 1975-2 C.B. 587 that sets forth the guidelines and requirements for determining whether private schools applying for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code are recognized as exempt, and in accordance with New Hampshire law RSA 186:11, XXXIII, The Birchtree Center does the following:

The Birchtree Center (2064 Woodbury Avenue, Newington, NH 03801) admits students of any sex, race, creed, color, marital status, national/ethnic origin, and economic status to all the rights, privileges, programs, and activities generally accorded or made available to students at the Center. It does not discriminate on the basis of sex, race, creed, color, marital status, national/ethnic origin, or economic status in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.