

## Marymound School Admission to Day Treatment Program

Please complete *all* sections.

### SECTION 1: Personal information

### TO BE FILLED OUT BY PARENTS



Student's full name	Date of birth: M/D/Y) / /	Age	Gender M/F
MET number	MB Health Reg. Cert. #	Personal Health Insurance #	
Full address	Postal code	Phone	

### SECTION 2: Academic information

Previous school	Last grade completed (M/D/Y) / /	Passed/placed	
Previous school address	City/province	Postal code	Phone

### SECTION 3: Referral information

### TO BE FILLED OUT BY SCHOOL



Admission date	Referring school division
School division contact person	Phone

**SECTION 4: Other information****TO BE FILLED OUT BY SOCIAL WORKER**

(if applicable)



Wardship status (expiry date)	Agency worker name	Phone
Agency worker address	City/province	Postal code

Other involved agency	Phone
Therapy provider	Phone
Case Manager	Phone

**SECTION 5: Parent/Legal Guardian information**

If student does not live with one of the person listed in the following boxes, please indicate with whom they live:	If student lives with a single parent or guardian, please indicate who has LEGAL CUSTODY: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Agency
Parent or other legal guardian Name _____ Address _____ Postal code _____ Phone h) _____ w) _____ Cell # _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Lives with student <input type="checkbox"/></div>	Other parent/legal guardian Name _____ Address _____ Postal code _____ Phone h) _____ w) _____ Cell # _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Lives with student <input type="checkbox"/></div>
Is either parent prohibited from seeing student? If yes, please indicate which: <input type="checkbox"/> Father <input type="checkbox"/> Mother	Contact person if parent/guardian cannot be reached: Name _____ Relationship to student _____ Phone _____