



Kurn Hattin Home and
School for Children
Westminster, VT 05158
(802)721-6913
FAX: (802)722-3174

APPLICATION FOR ADMISSION

GENERAL

Child's Full Name _____ Age: _____ DOB: _____

Sex: _____ Place of Birth: _____ Child's Social Security Number: _____

Child's preferred name/nickname: _____ Person with legal custody _____

Address _____ Phone(____) _____

Email _____ Do they prefer phone or email? _____

Relationship to child _____ Is child living with this person? Yes No

If not, name and contact information of person child is living with _____

Is child adopted? Yes No If yes, does child know? _____

What is the primary language spoken in the home? _____

Does the legal guardian speak English? Yes No Some

Were you referred to Kurn Hattin by a teacher, counselor, or other service? Yes No

If yes, contact information _____

Current or most recent school _____ Phone (____) _____

School Address _____

Grade (if school is out, grade child starts in Sept.) ____ Any grades repeated ____ Which one(s)? ____

Does the student have a 504 plan or IEP? Yes No *If Yes, please include a copy in the application.*

Has your child ever been suspended from school, camp, sports team or other program? Yes No

If yes, please explain _____

FAMILY

1. Parent/Guardian #1

Name _____ Date of birth _____ Age _____

Address _____ Phone(____) _____

Occupation _____ Highest grade completed in school _____

2. Parent/Guardian #2

Name _____ Date of birth _____ Age _____

Address _____ Phone(____) _____

Occupation _____ Highest grade completed in school _____

3. Siblings/Other children living in child's current home (eg. cousins, foster siblings, children of roommates etc.)

Name	Age	Sex	Relationship	Living with child?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Adults living in the child's current home that have not yet been listed on this form (stepparents, aunts etc.)

Name	Age	Sex	Relationship to child
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_____	_____	_____	_____
_____	_____	_____	_____

5. Other important adults in the child's life (grandparents, parent's significant other, neighbors, coaches etc.)

Name _____ Relationship to child _____ Age _____

Email address _____ Phone number (____) _____

Name _____ Relationship to child _____ Age _____

Email address _____ Phone number(____) _____

YOUR CHILD

1. What do you hope to address by enrolling your child at Kurn Hattin? Please check all that most closely apply.

- Improve child's day-to-day living, structure, adult role models, and access to healthy meals and a safe home
- Provide access to small class sizes, exceptional extracurriculars, and individualized academic attention
- Increase child's ability to positively connect with peers and adults and meet behavioral expectations
- Improve quality of life for other members of the home and family through personal, professional, and academic goals (eg. parent/guardian going to school, getting a new job, or receiving services)

2. Tell us some good things about your child _____

3. Does your child see a therapist, counselor, or psychiatrist? Yes No *If yes, please sign attached release.*

Has your child ever received a mental health diagnosis? Yes No *If yes, please explain* _____

Has your child ever received a psychological (neuro psych or psychoeducational) evaluation? Yes No

Has your child ever been hospitalized for a behavioral or mental health issue? Yes No *If yes, please identify program, age of child and reason* _____

4. Has your child ever been involved with the police or adjudicated? Yes No

If yes, explain

YOURSELF

1. Have you or another important adult in the child's life experienced any of the following currently or in the past?

- Drug or Alcohol Abuse
- Serious Physical Illness
- Mental Health Diagnosis
- Homelessness
- Incarceration

Please explain:

2. Has there ever been any involvement with other agencies such as DCF (VT), DCF (MA), or DCYF (NH)?

Yes No If Yes, name of agency and why: _____

3. Does your child know you are applying, if yes, what was their reaction? _____

4. Describe your relationship with your child _____

5. Why are you applying to Kurn Hattin Homes? _____

6. What changes do you hope to see in your child and family? *Use an additional page if needed.* _____

If not legal guardian, name of person filling out, or assisting with application:

Name _____

Relationship to child _____ Phone number (____) _____

Permission to Release Information

I, _____, am the legal guardian of the above named child and have applied for their enrollment to New England Kurn Hattin Homes for Children. I therefore, authorize the release of all records necessary for this process. I understand that all application materials will be kept confidential by Kurn Hartin and no personally identifiable information about my child will be released without my permission.

Signature of Legal Guardian, _____ Date _____