



Pickaway County Board of DD
Brooks-Yates School
1005 South Pickaway Street
Circleville, Ohio 43113
740-474-1124

APPLICATION FOR ENROLLMENT

County: _____ Date: _____

Applicant's Name: _____
Last First Middle

Address: _____
Street City State Zip

Date of Birth: _____ Sex: _____ M _____ F SSN# _____

School District of Residence: _____

Disability: _____

Medications: _____

Services Requested: _____

Special Accommodations/AssistancNeeded: _____

Transportation Assistance Needs: _____

Parents: (Mother) _____ (Father) _____

Parent's Address: _____

Parent's Phone Number: _____ Emergency Phone #: _____

E-mail address: _____

Name of Guardian or Significant Other: _____

Address: _____ Phone: _____

Applicant's Signature Parent/Guardians Signature

- () Services/Supports Approved **For County Use Only**
() Services/Supports Denied
() Applicant Placed on Waiting List
() Due Process information explained and made available to applicant, parent or guardian.

Signature of Superintendent or Designee Date