



Little Keswick School

Incorporated

A Therapeutic, Special Education Boarding School for Boys
www.littlekeswickschool.net

Phone: 434-295-0457
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P.O. Box 24
Keswick, VA 22947

FACE SHEET FOR _____

FOR OFFICE USE ONLY

Date of Admission: _____

Date of School Enrollment: _____

Full Name: _____

Last Known Residence: _____

Date of Birth: _____ Birthplace: _____ Sex: _____ Race: _____

Social Security Number: _____ - _____ - _____ Religious Preference of Child/Family: _____

Full name of father or legal guardian: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone number: (____) _____ - _____ Work telephone number: (____) _____ - _____

Fax number: (____) _____ - _____ E-Mail: _____

Full name of mother: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone number: (____) _____ - _____ Work telephone number: (____) _____ - _____

Fax number: (____) _____ - _____ E-Mail: _____

Person having custody/guardianship: _____ Relationship: _____

Address: _____

Home telephone number: (____) _____ - _____ Work telephone number: (____) _____ - _____

Placing Agency: _____

Address: _____

Caseworker: _____ Telephone: (____) _____ - _____

Emergency Contact: _____ Telephone: (____) _____ - _____
(other than parent/guardian)

Address: _____

Completed By: _____ Date: _____

DISCHARGE INFORMATION

Date of Discharge: _____ Reason for Discharge: _____

Name(s) and Address(es) of person(s) to whom the student was discharged: _____

Forwarding Address of Student: _____

LITTLE KESWICK SCHOOL FORMS CHECKLIST

The following forms are required to be on file in each student's file folder. They should be filed in the order and in the proper folders as indicated below. File the most recently dated item closest to the front of the proper section. (* Designates items that need to be redone annually).

I. LOOSE IN THE VERY FRONT

- ___ Discharge statement
- ___ Confidentiality checkout
- ___ Signed release of information

II. YELLOW ADMISSION FOLDER

- ___ Face sheet/form checklist
- ___ Application
- ___ Pre-admission procedures
- ___ Admissions staffing intake
- ___ Interstate Comp. Approval (if applicable)
- ___ Acceptance letter
- ___ Social history interview
- ___ Supporting social history reports

III. RED MEDICAL FOLDER

- ___ Emergency medical/dental action
- ___ Medical history
- * ___ Annual physical examination _____, _____, _____, _____
- * ___ Annual dental examination _____, _____, _____, _____
- ___ Medications information form (if applicable)
- ___ Medication dispensation sheets (if applicable)
- ___ Medical complaints
- ___ Medical/dental accidents
- ___ Seizure records (if applicable)
- ___ Supporting medical reports
- ___ Psychological/psychiatric reports & evals.
- ___ Hospital Discharge Summary (if applicable)
- ___ HIV/HBV parental release (if applicable)
- ___ Pediatrics form

IV. GREEN EDUCATIONAL FOLDER

- ___ Incident reports
- * ___ IEP
- ___ LKS Progress reports (to include Speech, Art, OT Counseling, and Qrtly. Sums)
- ___ Speech, OT, Art evaluations
- ___ Teacher questionnaire
- ___ Informal educational reports
- ___ Supporting educational reports
- ___ Transcript from previous school

V. CURRENT IEP FOLDER

- ___ IEP
- ___ Woodcock Johnson-Revised

VI. LOOSE IN REAR OF FOLDER

- ___ General correspondence
- ___ Travel plans

VII. FINANCIAL FOLDER (with Comptroller)

- * ___ Contract for services
- ___ Statements sent
- ___ Payments received
- ___ Financial correspondence