



SILVERGATE PREP
ACADEMIC EXCELLENCE AND THERAPEUTIC INNOVATION

Student Admission Form

Site Location (please check one):

Bridgewater Brick/Cedarbridge Lawrenceville Livingston Brick/Rt 88

Program (please check one):

PC Children/Youth 3/5 day IOP ASP/Silvergate Program

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____ Race: _____

Student Address: _____

Legal Guardian Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name of School: _____ District: _____

Guidance Counselor: _____ Phone: _____

Does student have an IEP? Yes No Does student have a 504? Yes No

Does student have work with them today? Yes No

Are there any specific and/or urgent concerns in any classes (i.e. missed tests, missing assignments etc.): _____

Referral Source: _____



Date: _____

RE: Medically Homebound Instruction

School District: _____

I am the treating physician/APN for _____, a student at _____, in the _____ grade.

On _____, I admitted him/her into a medically necessary program. My patient will continue to attend this program as long as it is deemed medically necessary. His/her stay is expected to extend greater than 10 school days. Estimated length of stay is 30 days.

I fully support medically homebound instruction to be provided on site by Silvergate Prep- A NJ approved clinic/agency, and will allow for the most comprehensive treatment experience. If you have any further questions, please contact the office at _____.

Sincerely,

_____ APN

_____ MD

Please check the program that applies

GenPsych 940 Cedar Bridge Ave - 2 nd Floor, Brick, NJ	<input type="checkbox"/>	GenPsych 981 Route 22 West Bridgewater, NJ	<input type="checkbox"/>
GenPsych 5 Regent Street Suite 517 Livingston, NJ	<input type="checkbox"/>	GenPsych 31 East Darrah Lane Lawrenceville, NJ	<input type="checkbox"/>

GENPSYCH

Mental Health of the Future



981 Route 22 West, Bridgewater, NJ 08807
31 East Darrah Lane, Lawrenceville, NJ 08648
940 Cedar Bridge Ave, 2nd Floor, Brick, NJ 08648
5 Regents Street, Suite 518, Livingston, NJ 07039

Date: _____

RE: Medically Homebound Instruction

School District: _____

I am the treating psychiatrist for _____, a
student at _____, in the _____ grade.

On _____, I admitted him/her into a medically necessary program. My patient will continue to attend this program as long as it is deemed medically necessary. His/her stay is expected to extend greater than 10 school days. Estimated length of stay is 30 days.

I fully support medically homebound instruction to be provided on site by Silvergate Prep- A NJ approved clinic/agency, and will allow for the most comprehensive treatment experience. If you have any further questions, please contact the office at _____.

Sincerely,

_____ M.D

Please check the program that applies

GenPsych 940 Cedar Bridge Ave - 2 nd Floor, Brick, NJ		GenPsych 981 Route 22 West Bridgewater, NJ	
GenPsych 5 Regent Street Suite 517 Livingston, NJ		GenPsych 31 East Darrah Lane Lawrenceville, NJ	

Date: _____

Attention: Medically Homebound Instruction

School District: _____

My child _____, a student at
_____ in the

_____ grade, has been placed on medically homebound instruction by their doctor and will be receiving services as medically prescribed and is projected to need these services for more than 10 consecutive school days.

As part of the treatment plan prescribed by my child's doctor, my child will be served by Silvergate Prep. which will provide educational homebound instruction to my child. Enclosed, please find the medical provider, documentation supporting my child's eligibility for out-of-school instruction.

Please contact me directly at _____ if you require any additional information.

Sincerely,

Legal Guardian



Release for Schools

Silvergate Prep will provide the homebound educational instruction for your child while your child receives medical services. This form is sent to your child's school to allow our teachers to speak with your child's teachers to ensure that we are able to best serve your child's educational needs. If you have any questions, please do not hesitate to contact Melissa Langford, Director of Silvergate Prep. at 908-801-6700 x 6110.

Student's Name _____ Grade: _____

Student's School: _____

School's Address: _____

School's Phone: _____ Fax: _____

I authorize Silvergate Prep and my child's school to release and receive academic information for the purposes of academic homebound instruction, to include my child's teachers, guidance counselors, SACS, principals or other school designated homebound coordinator.

I understand and authorize the exchange of information as requested above. I also understand that this release will remain in effect until my child is no longer receiving homebound instruction. I understand that I may revoke this authorization in writing, which will take effect on the date it is received.

Legal Guardian Name _____ Dated: _____

Legal Guardian Signature: _____ Dated: _____

Release for Silvergate and GenPsych to communicate

Silvergate Prep will provide the homebound educational instruction for your child while your child receives medical services. This form will allow Silvergate employees and GenPsych employee to communicate with each other ensure that we are able to best serve your child's educational needs. If you have any questions, please do not hesitate to contact Melissa Langford, Director of Silvergate Prep. at 908-801-6700 x 6110.

Student's Name _____ Grade: _____

Student's School: _____

School's Address: _____

School's Phone: _____ Fax: _____

I authorize Silvergate Prep and GenPsych to release and receive information for the purposes of academic homebound instruction.

I understand and authorize the exchange of information as requested above. I also understand that this release will remain in effect until my child is no longer receiving homebound instruction. I understand that I may revoke this authorization in writing, which will take effect on the date it is received.

Legal Guardian Name _____ Dated: _____

Legal Guardian Signature: _____ Dated: _____