

ALPINE LEARNING GROUP, INC.  
REQUEST FOR INTAKE

Complete form and return to Alpine Learning Group, 777 Paramus Road, Paramus, NJ 07652 or fax to 201-612-7710. There are currently no openings in the program. Please note that completion of this form may not result in an intake and subsequent placement.

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Sex \_\_\_\_\_

Child's Educational Classification \_\_\_\_\_

Diagnosis of autism or PDD-NOS was confirmed by (include here the name of the agency and/or individual who conducted the evaluation):

\_\_\_\_\_

Parent (s)/ Guardian (s)' Name(s) \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Email address: \_\_\_\_\_

Sending School District \_\_\_\_\_

Child Study Team Contact Person \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

\*If you are a parent interested in placement, please have your school district complete and submit a Request for Intake form, also.

\_\_\_\_\_

Signature (s) of Individual (s) Requesting Intake

\_\_\_\_\_

Date

Person making the request (circle one): Parent(s)/Guardian(s) or Child Study Team