

Garden Academy  
Request for Intake

Complete form and return to Garden Academy office located at 276 Parker Ave., Maplewood, NJ 07040, attn: Sidona Anderson. Please note that completion of this form may not result in an intake or 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:

Name of Evaluator: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship of individual requesting intake (circle one):      Parent/Guardian      Child Study Team

\_\_\_\_\_  
Signature(s) of Individuals Requesting Intake

\_\_\_\_\_  
Date