

# MINNICK SCHOOLS



Main Office: 2965 Colonnade Dr. SW, Ste 310 Roanoke, VA 24018 • Phone (540) 774 – 7100 • Fax (540) 774 – 1084

Bristol: 150 Janie Hammitt Drive, Bristol, VA 24201 • Phone (276) 494 - 0539 • Fax (276) 494 – 0538

Grundy: 3019 Slate Creek Road, Grundy, VA 24614 • Phone (276) 230 - 0616

Harrisonburg: 1661 Virginia Ave., Harrisonburg, VA 22802 • (540) 437 – 1814 • Fax (540) 615-5412

Lynchburg: 601 12<sup>th</sup> St., Lynchburg, VA 24504 • (434) 333 – 0208

Roanoke: 775 Dent Rd., Roanoke, VA 24019 • Phone (540) 265 – 4281 • Fax (540) 265 – 4287

Wise: 622 Powell Ave., Big Stone Gap, VA 24219 • Phone (276) 321 – 7069

Wytheville: 425 Grayson Rd., Building 6, Wytheville, VA 24308 • Phone (276) 228 – 8088 • Fax (276) 228 – 9087

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Thank you for your interest in Minnick Schools. To complete the application process, please provide the following information and note that we cannot enroll a student until all applicable components have been submitted:

- ☐ Completed Minnick Application Packet
- ☐ Signed FAPT release listing Minnick Schools
- ☐ Most recent eligibility components to include minutes
- ☐ Current IEP
- ☐ CANS Assessment (Child and Adolescent Needs and Strengths)
- ☐ Immunization Record
- ☐ Functional Behavioral Assessment, Behavior Intervention Plan, or other behavioral documentation
- ☐ Most recent physical
- ☐ SOL score records
- ☐ Other standardized testing records
- ☐ Transcript and/or grade reports
- ☐ Most recent report card (please include grade summary if student is admitted mid-grading period)
- ☐ Transcript analysis signed by guidance counselor indicating courses taken and coursework needed to graduate (including verified credit analysis)

Please coordinate times for the parents/guardians to visit the school and meet with the staff during the admissions procedure. We require that the student also attend the visit. If it is not appropriate for the student to attend the initial visit, we will schedule a visit for the student prior to the enrollment date. Please contact me if you have any questions or require clarification.

A handwritten signature in black ink, appearing to read 'A. Wittl'.

Ashley Wittl-Osborne  
Director of Educational Services  
awittl@enCircleAll.org

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## PUBLIC SCHOOL REFERRAL TO MINNICK SCHOOLS

Minnick School Location: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Referring School System: \_\_\_\_\_

Director of Special Education: \_\_\_\_\_

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

\_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## PUBLIC SCHOOL REFERRAL TO MINNICK SCHOOLS

School Student Currently Attending: \_\_\_\_\_

Assigned Public School (if different from above): \_\_\_\_\_

State Testing Identifier: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Current Grade Level (as of referral date): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### School Contact Person(s)

Please list the case manager and any other school personnel that will need to receive student updates. Include title, address, phone, and other contact information for each.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_