

Alvin Independent School District
Pregnancy Education and Parenting Program/PEP and/or Pregnancy Related Services/PRS
INTAKE INFORMATION

School Local ID # _____ Soc Sec/State ID # _____

PEP/PRS Entry Date _____ Grade Level _____ Expected Graduation Date _____
mm/dd/yy mm/yy

Last Name _____ First Name _____ MI _____

Student's Date of Birth _____ (Circle One) *Male* or *Female*

Infant/Child's Name _____ Infant/Child's Date of Birth _____
mm/dd/yy

If Pregnant- Expected Due Date _____ CEHI Entry Date _____
mm/dd/yy mm/dd/yy

Date of 1st CEHI Instructor Visit _____ CEHI Exit Date _____
mm/dd/yy mm/dd/yy

Home Address _____
Street/County Road (P.O. Box) City Zip Code

Home phone # _____ Student Cell # _____

Emergency Contacts:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Physician's Name _____ Phone # _____
Physician's Address _____ Fax # _____

Please check all of the services you receive, or may utilize, to complete your high school education:

- | | |
|--|--|
| <input type="checkbox"/> School and Other Health Services | <input type="checkbox"/> Case Management and Services Coordination |
| <input type="checkbox"/> Specialized or School Counseling | <input type="checkbox"/> Assistance Obtaining Gov. or Community Services |
| <input type="checkbox"/> Parenting or Child Dev. Instruction | <input type="checkbox"/> Job Readiness Training |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation for child |
| <input type="checkbox"/> Homebound Instruction (CEHI) | <input type="checkbox"/> Transportation for yourself |

I certify that all of the information in this application is true and that the failure to include pertinent information or to falsify information requested in this application shall forfeit my right to services. I agree to observe all rules, regulations, and policies of the Alvin Independent School District PEP Program and Child Care facility.

Student Signature Date

PEP/PRS Coordinator Signature Date

Office use only:

CTE Shut Off/ CEHI Start Date _____ Physician's Statement _____ Delivery Statement _____
PRS Withdrawal Date (*last day of CEHI*) _____ Return to Campus Date _____
CEHI AISD Attendance Record _____ CEHI Logs _____ Ret PEP Exit Date _____