

Greater Derry Juvenile Diversion
36 Tsienneto Road
Derry, NH 03038
(603) 432-8882

Take Control Workshop Enrollment Form

Date: _________

Name: _____ DOB ___/___/___ Age: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone number: (____) _____ (H) Cell: (____) _____

Daytime telephone number: (____) _____

Parent/Guardian: _____

Address, if different: _____

City/Town: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Sped Coded: (N) _____ (Yes) _____ if yes, explain coding: _____

List medication _____

Referral Source, if applicable: _____ of _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (____) _____

Completed by: ___/___/___

Incident/issue: _____

*****Please fill out the entire form and mail with the non-refundable fee of \$85 to the address on the letterhead. You will be notified of the next available workshop for your child's age group.*****

