

CARDINAL CUSHING CENTERS
Hanover, Massachusetts 02339
(781) 826-6371

REQUEST AND CONSENT FOR INTERVIEW/EVALUATION FOR ADMISSION

I hereby request Cardinal Cushing Center of Hanover please consider

_____ for admission to the _____
(student's name) (academic/vocational education)
program on a _____ basis. If _____
(residential/day) (student's name)

is accepted, I hereby give my consent for his/her evaluation for admission to Cardinal Cushing Center of Hanover.

Signature: _____

Date: _____

Relationship - please check appropriate line:

- | | |
|-------------------------------|-------------------------------|
| _____ Parent | _____ Foster Parent |
| _____ Legal Guardian | _____ Dept. of Social Service |
| _____ Dept. of Youth Services | _____ Mass. Rehab. Commission |
| _____ Other Agency - specify: | _____ |

COMMENT _____

