



The following is required to process a student's referral and enrollment into Chileda's program. Please email information to [Terryk@chileda.org](mailto:Terryk@chileda.org) or [AnnM@chileda.org](mailto:AnnM@chileda.org)  
 You may also fax (608-782-6481) or mail attention  
 Terry Knothe-Lash or Ann McDonald

**RESIDENTIAL FUNDING/BILLING INFORMATION**

<b>ENROLLMENT FUNDING INFORMATION</b>			
Please check designated funding sources:			
<input type="checkbox"/> Public School or cooperative - <b>Tuition</b>			
<input type="checkbox"/> Public school or cooperative – <b>Tuition, and Room and Board</b>			
<input type="checkbox"/> Social Services or other public agency – <b>Room and Board</b>			
<input type="checkbox"/> Private Funds			
<input type="checkbox"/> Parent			
<input type="checkbox"/> SSI			
<input type="checkbox"/> To be determined			
<b>CONTRACT INFORMATION</b>			
Authorized signer		Title	
Address:			
City:		State:	Zip Code:
Phone number:		Extension:	Fax number:
Email address:			
<b>BILLING INFORMATION</b>			
<b>SCHOOL DISTRICT:</b>			
Contact Name:			
Address:			
City:		State:	Zip Code:
Contact Phone Number:		Extension	Fax Number:
Contact Email Address:			
<b>SOCIAL SERVICES OR OTHER PUBLIC AGENCY RESPONSIBLE FOR PAYMENT:</b>			
Contact Name:			
Address:			
City:		State:	Zip Code:

Contact Phone Number:	Extension	Fax Number:
Contact Email Address:		

<b>SSI BENEFITS – CURRENT PAYEE:</b>		
Amount:		
Address:		
City:	State:	Zip Code:
Contact Phone Number:	Extension	Fax Number:
Contact Email Address:		

<b>PRIVATE FUNDS – CONTACT PERSON:</b>		
Address:		
City:	State:	Zip Code:
Contact Phone Number:	Extension	Fax Number:
Contact Email Address:		

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Signature of person completing the form

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Date completed

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Name of person completing form (Please print)

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Signature of person completing form

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Date completed

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Name of person completing form (Please print)