



280 Wall St. • Kingston, NY 12401 • (845) 853-7660 • C3Quest-LearnerFirst.com

To be completed by the Student/Parent or Guardian

Student Name:	DOB:	Age:
*Social Security Number:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
School:	Grade:	Expected Graduation Date:
Parent/Guardian Name:	Home and/or Cell #:	
Address:	Email:	
Student Phone #	Student Email:	
Preferred pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	Do you have any food allergies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Please specify your ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____		
Please select your eligibility. <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Medical Documentation <input type="checkbox"/> Other	Do you have an active case with ACCES-VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Source: Tina Dierna	Phone: 845 943-3813	Referral Date:
Referral Agency/School: Kingston School District		

Please SIGN on the other page. Please make sure the student and parent/guardian sign.



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For Parents/Guardians

PRE-ETS PROGRAM PARENT CONSENT FORM

I understand that this is not an application for services from ACCES-VR. Pre-ETS Program is committed to good privacy practices. Pre-ETS Program requires access to personal information about you, which will be maintained by Pre-ETS Program. By signing this form, you are authorizing Pre-ETS Program to access any personal information to determine eligibility to receive Pre-ETS services. Please note that Pre-ETS Program will continue to protect confidential information maintained about you from release to the public or other unauthorized parties.

I hereby give Learner First & C3Quest permission to disclose information relating to my child to the Adult Center and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), including disability information.

***Parent/Guardian Signature:** _____ **Date:** _____

***Student's Signature:** _____ **Date:** _____

Pre-ETS Program Supervisor Signature: _____ **Date:** _____

All potential clients please be aware that our questions on this referral form are designed to serve our clients with the best services available by our agency. We respect and are sensitive to all race, gender, and cultures in our community. We as an agency would never practice discrimination or bias on the grounds of race, sex, or cultural differences.