

APPLICATION FOR ADMISSION

Applicant's Full Name: _____

Date of Birth: _____ Place of Birth: _____

Last School Attended: _____ Current Grade: _____ School Year: _____

Sex: M ___ F ___ Race: _____ Religion: _____

PARENT INFORMATION

Mother's Name: _____ Maiden Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employed: Yes ___ No ___

Employer's Name: _____

Employer's Address: _____

Social Security No. : _____

Monthly Take Home Salary: _____

Hospital Insurance Coverage: Yes ___ No ___

Company: _____ Group No. _____

Policy No. _____

Father's Name: _____ Maiden Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employed: Yes ___ No ___

Employer's Name: _____

Employer's Address: _____

Social Security No. : _____

Monthly Take Home Salary: _____

Hospital Insurance Coverage: Yes ___ No ___

Company: _____ Group No. _____

Policy No. _____

Has the applicant ever been physically, sexually, or emotionally abuse? Yes _____ No _____

If yes, which one?

If yes, please describe.

Has the applicant ever been convicted of a crime? Yes _____ No _____

If yes, please describe.

Has the applicant ever seen a psychologist or psychiatrist? Yes _____ No _____

If yes, which one? _____

Please give name, address and phone.

Reason for seeing this professional.

MEDICAL INFORMATION

Please list any known allergies.

Name of the person who is Managing Conservator (Custody) :

Address of Person who is Managing Conservator (Custody)

List brothers and sisters living at home:

Name	Age	Birthdate	Address	Marital Status
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List the names, addresses and phone of any other involved adults or agencies.

Name	Address	Phone
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School Information

Former Schools:

School	Address	Grade
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Was the applicant in Special Education? Yes ____ No ____

If so, how was the student classified?

Learning Disabled _____ Emotionally Disturbed _____ Other _____

Has the applicant failed any grades? Yes ____ No ____

If Yes, what grades? _____

Please describe the applicant's school behavior.

Please describe family relationships.

Please list the reasons placement is being sought.

Is the parent divorced, married, single? _____

Has the applicant ever lived away from the parent previously? Yes ____ No ____

If yes, where?

Name	Address	Date

Reason for leaving?

Has the applicant abused drugs? Yes ____ No ____

If yes. Please describe.

Please describe the applicant's behavior.

Please describe the applicant's interests.

Please describe the applicant's personality.

Goals (Continued)

Application completed by _____

Address _____

Relationship to Child _____

FOR OFFICE USE ONLY

A. Date Application Received _____

B. Intake Interview Scheduled _____

C. Disposition of Application _____

1. Accepted Date _____

2. Placement Date _____

3. Not Approved date _____