



**APPLICATION FOR ADMISSION**

<b>Student Information</b>									
Last Name		First	Middle	Age	Sex	M	F	Date of Birth	Birthplace
						<input type="checkbox"/>	<input type="checkbox"/>		
Home Address		City/Town		State	Country		Zip Code		
Height	Weight	Eye Color	Hair Color	Current Grade Level	S.S. #		Adopted? Y/N	At what age?	
<b>Family/Guardian Information</b>									
Father			S.S. #			Occupation			
Home Address (if different than above)			City/Town		State	Country		Zip Code	
Home Telephone			Cell Phone			E-mail			
Business Address			City/Town		State	Country		Zip Code	
Business Telephone			Business Fax			Business E-mail			
Mother			S.S. #			Occupation			
Home Address (if different than above)			City/Town		State	Country		Zip Code	
Home Telephone			Cell Phone			E-mail			
Business Address			City/Town		State	Country		Zip Code	
Business Telephone			Business Fax			Business E-mail			
Stepfather			S.S. #			Occupation			
Home Address			City/Town		State	Country		Zip Code	
Home Telephone			Cell Phone			E-mail			
Business Address			City/Town		State	Country		Zip Code	
Business Telephone			Business Fax			Business E-mail			

**Family Information, Continued**

Stepmother	S.S. #	Occupation
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Home Address	City/Town	State	Country	Zip Code
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Home Telephone	Cell Phone	E-mail
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Business Address	City/Town	State	Country	Zip Code
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Business Telephone	Business Fax	Business E-mail
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Guardian	S.S. #	Occupation
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Home Address	City/Town	State	Country	Zip Code
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Home Telephone	Cell Phone	E-mail
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Business Address	City/Town	State	Country	Zip Code
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Business Telephone	Business Fax	Business E-mail
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**Marital Status**

Are parents divorced/separated ? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_

Legal custody \_\_\_\_\_

Physical custody \_\_\_\_\_

Sole Custody \_\_\_\_\_

Can the non-custodial parent have access to information about the child's treatment? Yes \_\_\_\_ No \_\_\_\_

Are there any special circumstances? \_\_\_\_\_

Has the divorce been an issue? \_\_\_\_\_

***Important: Please submit a copy of the current custody agreement, if applicable.***

Please list all siblings of your child and others who live with your child.

Name	Age	Gender	Relationship	Biological/Adopted

**Emergency Contact Information**

Please list person(s) Grove School may contact if we are unable to reach a parent/guardian.

Name	Relationship to student			
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Home Address	City/Town	State	Country	Zip Code
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Home Telephone	Cell Phone	E-mail
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Name	Relationship to student			
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Home Address	City/Town	State	Country	Zip Code
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Home Telephone	Cell Phone	E-mail
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Name	Relationship to student			
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Home Address	City/Town	State	Country	Zip Code
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Home Telephone	Cell Phone	E-mail
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**Referral Information**

How did you hear about Grove School?

- Grove School website     
  School     
  Previous Parent     
  Professional  
 Educational Consultant     
  Program     
  Hospital     
  Peterson's Guide     
  Other

Please list name of specific referral source \_\_\_\_\_  
 Phone number/Contact Information \_\_\_\_\_

**Professional Consultations**

Please list psychiatrists, therapists, educational consultants, etc. that have worked with your child. Please attach an additional page, if necessary.

Name	Profession	Contact Information	Dates of Service
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Describe type of service rendered and why consult was needed.

Name	Profession	Contact Information	Dates of Service
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Name	Profession	Contact Information	Dates of Service
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Describe type of service rendered and why consult was needed.

**Out of Home Placements**

Please list hospitals, treatment centers, wilderness programs, etc. that have worked with your child. Please attach an additional page, if necessary.

Program Name/Location	Contact Person	Phone Number	Dates of Service
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Describe type of service rendered and why placement was needed.

Program Name/Location	Contact Person	Phone Number	Dates of Service
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Describe type of service rendered and why placement was needed.

Program Name/Location	Contact Person	Phone Number	Dates of Service
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Describe type of service rendered and why placement was needed.

**School Information**

Current School	Address	Phone Number	Public or Private?
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Are they responsible for funding?

Please list any previous school placements for middle and high school.

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Has your child been identified with learning disabilities? Please describe.

Has your child articulated goals beyond high school and what are they? (College, vocational training, career interests)

Has your child been suspended or expelled from school? Please describe.

Does your child currently have an IEP (Individualized Education Plan)?

**Medical Information**

Please indicate your child's current clinical diagnosis

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Please list your child's current medications with dosages, if applicable.

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Please list past medications that your child has taken and the reason for their discontinuation, if applicable.

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Does your child have any allergies or significant medical issues? Please describe.

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**Goals and Expectations**

What are your goals and expectations for your child, both academically and emotionally?

**Student's Personal History**

In your words, what are your child's strengths, positive qualities, and accomplishments?

What are your child's interests and hobbies?

In your words, what are your child's difficulties and when did they first become apparent?

Please provide any information about your family that would be helpful in assessing your child's needs.

Has your child experienced any traumatic events (divorce, illness, death, separation etc.?) Please describe.

Has your child experienced many significant life changes such as numerous moves and or school changes? Please describe

How long have behavior or mood changes existed?

What do you believe caused the change in mood or behavior?

How does your child express feelings of anger, sadness, frustration and disappointment? (Inwardly, outwardly, harmful to self and/or others, etc.)

Describe your child's relationships with siblings.

Describe your child's friends and social relationships.

Has your child been involved with police or legal matters? Please describe.

**To the best of your knowledge, has your child experienced any of the following?**

Suicide attempts or threats? Yes  No  Please Describe:

Self-abusive behavior or self-mutilation? Yes  No  Please describe:

Obsessive -compulsive behavior? Yes  No  Please describe:

Physical or sexual abuse? Yes  No  Please describe:

Sexual activity? Yes  No  Please describe:

Eating disorder or disordered eating patterns? Yes  No  Please describe:

Substance use? Yes  No  Please describe:

Is there a history of mental illness in the child's family? Yes  No  Please describe:

Is there a history of substance abuse in the child's family? Yes  No  Please describe:

Please describe any other issues that you feel may have played a role in your child's change of mood and behavior.

*Grove School does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities, and employment practices as set forth in compliance with the Office of Civil Rights, Title VI, Title IX, and Section 504.*