



## ENROLLMENT APPLICATION

Applicant \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (\_\_\_\_) \_\_\_\_\_ Soc Sec # \_\_\_\_\_ DOB \_\_\_\_\_

Was applicant adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ if so, at what age? \_\_\_\_\_

Name of adoptive parent(s) \_\_\_\_\_

Are parents divorced? Yes \_\_\_\_\_ No \_\_\_\_\_ if so, who has legal custody? \_\_\_\_\_

Birthplace \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Who referred you to us? \_\_\_\_\_  
(Name) (Title)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

***IN CASE OF EMERGENCY NOTIFY:***

Name	Relationship	Address	Phone home/work
_____	_____	_____	_____
_____	_____	_____	_____

Financial sponsor \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Name) (Telephone)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## PARENT INFORMATION

### Father

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Home Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Current Occupation & Title

\_\_\_\_\_  
Telephone (Home) (Business)

### Mother

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Home Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Current Occupation & Title

\_\_\_\_\_  
Telephone (Home) (Business)

### Stepmother

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Home Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Current Occupation & Title

\_\_\_\_\_  
Telephone (Home) (Business)

### Stepfather

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Home Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Business Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Current Occupation & Title

\_\_\_\_\_  
Telephone (Home) (Business)

## FAMILY INFORMATION

List applicant's siblings and step or half-siblings of the applicant in chronological order. Please note if any siblings are deceased.

Name	Sex	Age	Current Residence	Biological/Adopted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any additional siblings on a separate sheet of paper.

If the applicant is on probation, please provide Probation Officer's name, address and phone number.

\_\_\_\_\_  
(Name) (Address) (State) (Zip) (Telephone)

Reason for Probation and Dates \_\_\_\_\_

The following questions are designed to assist us in working most effectively with your family. Please take a few moments to complete them in their entirety. Continue your answers on additional paper if necessary.

List the positive qualities, interests and accomplishments of applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals and ambitions has the applicant expressed for his/her life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for the applicant's experience with Galena Ridge?

\_\_\_\_\_  
\_\_\_\_\_

Has applicant experienced any traumatic events or major changes in his/her life?

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What do you identify as the applicant's emotional issues?

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What parental/family issues have affected the applicant?

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Can you identify any patterns of behavior common to both the applicant and any family members?

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Describe your relationship with your child. (Both parents, if available.) What are the problem areas in your relationship?

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## APPLICANT BACKGROUND

*Has the applicant ever experienced or exhibited any of the following? If yes, please describe.*

Bulimia /Anorexia.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Fire setting.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Drug/alcohol/tobacco use.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Suicide discussion or attempt.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Runaway.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Violent behavior.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Self abuse.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Sexual activity.      Yes \_\_\_\_\_ No \_\_\_\_\_

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Physical or sexual abuse/rape or witnessed any.      Yes \_\_\_\_\_ No \_\_\_\_\_

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## ACADEMIC INFORMATION

Academic information is needed for those considering residential (school year placement). Please include copies of all school transcripts and relevant educational records. Brief answers to these questions without transcripts are requested for Wilderness courses.

School Attended	School Address	Dates Attended	Grades Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional schools on a separate sheet of paper.

*Has the applicant ever experienced any of the following? If yes, please describe.*

Been held back a grade?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Been expelled or withdrawn from school?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Been the victim or perpetrator of harassment, bullying or violence in a school setting?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Had difficulty with a particular teacher?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Had a pattern of unexcused tardiness or absences?    Yes \_\_\_\_\_    No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Had teacher or educator express concern about learning abilities and/or academic performance?    Yes \_\_\_\_\_    No \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received tutoring or supplemental academic assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

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Been placed in a special education program? Yes \_\_\_\_\_ No \_\_\_\_\_

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Been placed in an accelerated learning or advanced classes? Yes \_\_\_\_\_ No \_\_\_\_\_

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*Please complete the following questions in their entirety. Feel free to continue your answers on additional paper.*

What are the applicant's academic strengths and weaknesses?

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Do you have any reservation about placing your child in public school?

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List the applicant's extracurricular activities and sports.

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Other comments or concerns?

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