

STUDENT INFORMATION:

Student Name: _____ DOB ___/___/___ Age: _____

Address: _____ City _____ State _____ Zip _____

Phone Number(_____) _____ Soc. Sec. No. _____

Who does he/she live with? _____ Grade _____ GPA _____

Biological Child? _____ Adopted? _____ If so, when? _____

Religion _____ Ethnicity _____ Allergies: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Please list any distinguishing features like tatoos, birthmarks, scars etc.:

PARENT/STEP-PARENT INFORMATION:

FATHER'S NAME _____ DOB ___/___/___

Address: _____ City _____ State _____ Zip _____

Social Security no. _____ Home Phone(_____) _____

Occupation _____ Work Phone(_____) _____

Mobile Phone(_____) _____ Email _____

May receive progress reports? Yes _____ No _____

MOTHER'S NAME _____ DOB ___/___/___

Address: _____ City _____ State _____ Zip _____

Social Security no. _____ Home Phone(_____) _____

Occupation _____ Work Phone (_____) _____

Mobile Phone(_____) _____ Email _____

May receive progress reports? Yes _____ No _____

IF PARENTS ARE DIVORCED WHO HAS LEGAL CUSTODY? _____

STEP-FATHER'S NAME _____ DOB ___/___/___

Address: _____ City _____ State _____ Zip _____

Occupation _____ Work Phone(_____) _____

Mobile Phone(_____) _____ Email _____

May receive progress reports? Yes _____ No _____

STEP-MOTHER'S NAME _____ DOB ___/___/___

Address: _____ City _____ State _____ Zip _____

Occupation _____ Work Phone(_____) _____

Mobile Phone(_____) _____ Email _____

May receive progress reports? Yes _____ No _____

Whom does child live with? _____

If not at home, please explain:

EMERGENCY INFORMATION: (Two contacts)

Name _____ Relationship _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

OTHER FAMILY INFORMATION:

Siblings: (Please list all, including step and half brothers/sisters:

Name	Sex	Age	Currently Resides
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe relationship with siblings:

Describe relationship with father and/or step father:

Describe relationship with mother and/or step mother:

Has he/she had previous placement outside the home?_____If yes, explain:
Please list placement name, date of placement, and reason for leaving:

Describe his/her current emotional and behavioral problems:

Is anything currently being done about these problems?

Please describe his/her weaknesses:

Family strengths/weaknesses:

Events that led up to this enrollment:

What traumatic events has happens in his/her life:
(abuse, divorce, deaths, imprisonment, etc.)

Any involvement with legal system?_____ If yes, please explain.

Violence toward self or others?

Ever attempted suicide?_____ If yes, please explain.

Drug, alcohol, cigarette use?_____ If yes, what and how long?

Is he/she sexually active? Tested for STD's?

Any inappropriate sexual behaviors?

History of disorders (depression, ADD, ODD, etc.)

Does he/she have any fears?

Does he/she experience any of the following? (Bed wetting, stuttering, nail biting, nightmares)

Does he/she have history of running away?_____ If yes, where do they run to?

Does he/she have frequent accidents?

Does he/she experience severe isolation?

How is discipline handled at home? What method is used? Who disciplines? Are parents in agreement with the discipline?

Current problems:

Do you have any goals for your child?

EDUCATIONAL HISTORY:

Name of school attending _____ Current grade _____
 Address _____ Phone(____) _____
 Still attending? _____ If no, last grade completed _____
 School counselor: _____ May we contact counselor? _____ List brief
 school history:

Describe school academic performance: (above average, average, poor)

Elementary school: _____ Middle school: _____ High
 school _____

Describe difficulties your child has had in school (relationships, suspensions, tardiness, skipping, failing, etc.)

Special achievements:

Favorite subjects:

Least favorite subject:

Do you know his/her current educational needs?

PLEASE SEND A COPY OF LATEST TRANSCRIPT.

MEDICAL AND EMOTIONAL HISTORY: Circle all that apply

Difficulty concentrating	Hyperactivity
Suicidal thoughts	Easily agitated
Poor memory	Doesn't handle stress well
Anxious easily stressed	Anorexic
Irritability	Insomnia
Depression	Short attention span
Violent	Easily angered
Withdrawn around people	Sadness
Paranoia	Inner tension
Suspicious	Fearful
Easily exhausted	Impulsive
Food binges	Steals food
Doesn't do well with task completion	Mood swings
Aggressive	Apathetic
Experiences mental confusion	Sluggishness
Steals from others	Lack of coordination
Walks in sleep	Talks in sleep
Poor appetite	Attempts to skip meals
Cruel to animals	Panic attacks
Obsessive/compulsive behavior	Restlessness
Fakes illnesses/accidents	Does desperate things to get attention
Play with matches/lighters	Starts fires

TREATMENT:

Has he/she ever received counseling or psychotherapy? _____

List all facilities/therapists that have treated him/her:

(List name, phone, address, date of service, his/her age at this time, diagnosis, and medications prescribed) Please do not leave any out.

Has he/she ever experienced any reactions or side effects to medication? _____
If yes, explain.

Does he/she have a history of refusing or hiding medications? _____ If yes, explain.

Any medications brought to camp must be in correct sealed pharmacy containers.
We will dispense all medications sent.

MEDICATIONS PRESENTLY TAKING: (Also list over-the-counter medicines)

Medication Date Prescribed Dosage Frequency Reason Taking

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Physician's name: _____ Phone(____) _____

Address: _____ State _____ Zip _____

Dentist's name _____ Phone(____) _____

Address: _____ State _____ Zip _____

Orthodontist's name: _____ Phone(____) _____

Address: _____ State _____ Zip _____

Optometrist's name: _____ Phone(____) _____

Address: _____ State _____ Zip _____

Does he/she wear glasses? _____ contact lenses? _____

braces? _____ retainer? _____

Any problems with speech or hearing? If yes, explain. _____

ALLERGY INFORMATION:

Allergic to any of the following:

Bee/wasp stings_____Reaction_____

Ant bites_____Reaction_____

Any other insect bites_____Reaction_____

Penicillin_____

Medicines_____

Foods (this is very important - children tend to confuse "dislikes" with allergies)_____

Please list any of the following: hives, hay fever, asthma, eczema (explain)_____

Please list any other conditions that should be listed under allergies that you haven't explained already_____

Does he/she have any other medical conditions presently or has had something other than is already listed, in the past, that we should know about, especially something that would aid us in helping your child?

NUTRITIONAL INFORMATION:

How would you rate his/her nutritional intake?

Good_____Average_____Poor_____

How would you rate his/her junk food intake?

Low_____Moderate_____Excessive_____

Does he/she take any nutritional supplements?_____

Where did you first hear about Shepherd's Hill Farm?_____

I certify that the information contained in this admission packet is true and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

KEEP THIS PAGE FOR YOUR INFORMATION:

Before ACCEPTANCE into Shepherd's Hill Farm, the following will be required:

- This fully completed application - signed by parent
- Psychological Evaluation (within the last 12 months)
- Copy of School Transcript (This is very important for placement)

UPON ACCEPTANCE to Shepherd's Hill Farm, the following will be required at registration: (Before your child can start at SHF, we must have the following):

- Signed contract and one-half tuition
- Copy of Immunization Record
- Copy of front and back of Insurance Card and Prescription Card (We need to know primary card holder name and social security number if not on application)
- Medicaid Card (if applicable)
- Copy of any Custody Papers (if applicable)
- Copy of Birth Certificate
- Copy of Social Security Card
- Power of Attorney-Supplied by SHF (sign and notarized at registration) We have a Notary available)
- Copy of any of the following: Psychological evaluation: personality, social, or educational testing
- Money for student account (approx. \$50.00 for essentials during the year- shampoo, deodorant, etc.)