



Student Application Form

Date: _____

Student

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age _____ Social Security # _____

Grade Level Prior to Placement: _____ Date of Entry (Blount Academy): _____

Height _____ Weight _____ Eye Color _____

Parent/Guardian Information

Parent or Guardian Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Email: _____

Occupation: _____ Name of employer: _____

Employer's Number: _____

Parent or Guardian Name: _____ Relationship: _____

Home Address: _____ Phone: _____

Email: _____

Occupation: _____ Name of employer: _____

Employer's Number: _____

Sibling's Name(s)/Age(s) (if applicable):

Medical Information

Current Medication(s):

Times taken per day: _____ Time of medication delivery: _____

Known Allergies: _____



Behavioral Information

Reason for Placement (Be Specific Additional Sheets Available):

- Fighting Destruction of property Stealing Fire setting Truancy
 Harm to animals Depression Suicidal Threatens others Drugs

Observed Onset of Behavioral Concern (Age): _____

Summarization of Behaviors:

Has your child ever attempted suicide? Yes or No When? _____

History of Substance Abuse (i.e. alcohol, cigarettes, funny cigarettes, cannabis, etc.): How Often? _____

Family History of Domestic Violence (Describe):

Check all indicators that your child has experienced:

- Sexual abuse Physical abuse Emotional abuse Physical neglect
 Emotional neglect Parental incarceration Sibling death

Student Specific Area(s) of Concern (i.e. behavior modification and/or education):

Strategies Implemented Prior to Placement:



Educational Information

Name of previous/current school: _____

Address of school: _____

Phone number: _____

Type of school: Public Vocational Home School Private

Please check the appropriate box:

My child was retained in the _____ grade.

My child is failing now. Explain _____

My child is currently suspended from school. Explain

Special Education Needs

Behavior Disorder Specific Learning Disorder Gifted Services

Physical Handicap Other, explain _____

My child has an Individualized Education Plan (IEP).



Goal(s) For Student:

Family Goal(s):

ADDITIONAL INFORMATION:



Signature/Authorization Page

Print Name (Last, First): _____ Date: _____

Parent Signature: _____ Date: _____