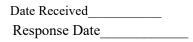
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E-mail: griffinacademyohio@gmail.com

ADMISSIONS APPLICATION

PERSONAL DATA Middle STUDENT NAME: __ _____DOB: ____ First SOCIAL SECURITY #: _____RACE/NATIONALITY: ____ PLACE OF BIRTH: ______ Date of Custody: _____ PLACEMENT AGENCY: _____ ADDRESS: SOCIAL WORKER: _____PHONE: ()_____ E-MAIL: SUPERVISOR: _____PHONE: ()_____ E-MAIL: ____ GUARDIAN AD LITEM: PHONE: ADDRESS: _____ E-MAIL: ____ FOSTER PARENT: CURRENT PLACEMENT ADDRESS: _____ CITY: _____ ZIP CODE: ____ **CONTACT PHONE:**

CONTACT EMAIL:



School/Academic/Vocational/History

LAST SCHOOL ATTENDED:
ADDRESS:
TELEPHONE: () Guidance Counselor:
LAST GRADE COMPLETED:
SPECIAL EDUCATION: YESNO:Please Check. (Please note: Griffin Academy only offers the GED preparation instruction)
ATTENDANCE: Regular Occasional Absences: Regular Absences: Truant: PLEASE CHECK ONE
EDUCATIONAL TESTING COMPLETED WITHIN ONE YEAR? YES:NO: (Include with packet)
LEARNING DISABILITIES: (IF ANY)
VOCATIONAL SKILLS TRAINING: (IF ANY)
***PLEASE SUBMIT CURRENT SCHOOL TRANSCRIPT (INCLUDE CURRENT CLASS ENROLLMENT)
SCHOLASTIC PERFORMANCE: (Academic strengths, weaknesses, school behavior and goals)
STRENGTHS:
WEAKNESSES:
BEHAVIOR:

OALS:				
HECK ANY OF THE BEHAVI	ORS EXHIBITED	BY THE YOUT	TH AT SCHOOL	.:
Alcohol Use	Substance Abu	se	Poor Impu	lse Control
Poor Hygiene	Manipulatio	n	Verbal Abu	se
Lying	Stealing		Disrespect	of Authority.
Promiscuity	Physical Ag	gression	Running A	way.
Suicidal Acts	Bully		Fire-setting	
Easily Frustrated.	Easily FrustratedFollower (Feeds into other's misbehavior)			
Other				
AS YOUTH BEEN REFERRED OR SCHOOL RELATED PROD ES NO DATE(S)	BLEMS?		MILI COUNSE	LING SERVI
ESNODATE(S)	COUNSELC	K S NAME		
GENCY		ADDRESS_	· · · · · · · · · · · · · · · · · · ·	
HONE: ()	DIAGNOS	SIS (if any)		
Vas medication prescribed? YES	S NO	Was youth o	compliant? YES	SNO
THEATIONAL DI ACEMENT	C FYDI ADEN WI	THIN THE DA	ET TWO VEAD	G.
EDUCATIONAL PLACEMENT Name of Alternative Education		THIN THE PA		
Name of Alternative Education	onal Placement		Successful?	
	onal Placement		Successful?	

VOC/EDUCATIONAL TRAINING (if any):			
Name of Program			
Length of time in program:	Successful	_YES	NO
WHAT IS THE YOUTH'S PRESENTING ACADEMIC/	VOCATIONAL NEEDS?	•	
NAME SOME OF THIS YOUTH'S STRENGTHS?			
(Self- Motivated, interested in learning, Sets Goals, Respo	-		ŕ
PLACEMENT HISTORY			
List all non-education placements within the past three ye	ears:		
1)	From	To_	
Reason for Discharge			
2)			
Reason for Discharge			
3)		Te	
Reason for Discharge			
CURRENT PLACEMENT			
REASON FOR PLACEMENT:			
DESCRIBE YOUTH'S BEHAVIOR IN CURRENT PLACE	CEMENT:		

Poor Impulse Control

CHECK ALL OF THE BEHAVIORS EXHIBITED BY YOUTH IN PREVIOUS PLACEMENTS:

Substance abuse

Alcohol use

Promiscuous Running Away Bullying	Verbally abusive Disrespect Authority		(pathological)
Bullying		Physic	al Agguegaian
Running Away Bullying	Door Hygiana		al Aggression
Running Away Bullying	Poor Hygiene	Suicid	al Ideations/Acts
	Bed-Wetting/Enuresis	Fire-se	0
	Encopresis		Frustrated
Prostitution	Sexual Identity Issues		ver (Feeds easily into
		otner	s misbehavior)
	piological) family situation: return to family after discharge)		
CRIMINAL HISTORY:			
	or Involvement within the past three Charge	•	Disposition
List All Criminal Activities 1. Court	Charge	Date	Disposition
List All Criminal Activities 1. Court 2. Court	•	Date Date	DispositionDispositionDisposition

Note: Griffin Academy does not accept youth with a history of violent criminal behavior

MEDICAL HISTORY:

LAST MEDICAL EXAM:	Medical Doctor
	NAME
ADDRESS	PHONE: ()
MEDICAID #:	
	GROUP#:
SUBSCRIBER NAME:	
PAST SERIOUS ILLNESSES or INFECTIOUS	
KNOWN DRUG/FOOD ALLERGIES? YES_	NO If yes please explain:
ANY CURRENT MEDICAL PROBLEMS OR	CONCERNS:
CURRENT MEDICATIONS?	
Type of medication:	
Reason for medication:	
Prescribed by?	
Type of medication:	
Reason for medication:	
Prescribed by?	
Is youth sexually active?YesNo	
Does youth have children?YesNo	if yes, how many? Age(s)?
LIST ANY/ALL SPECIFIC PHYSICAL NEED	OS OF THE YOUTH (IF ANY):
Social Worker Signature	
Social Worker Supervisor Signature	Date

To be completed on day of admission

Student Name:	
	ty:
Agency of Person transporting youth to facil	lity:
Date:	
Signature of Person transporting youth to F	acility.
Signature of staff accepting youth.	
APPLIC	CATION REVIEW
Is applicant suitable for admission to Griffin If No, describe reason for denial of applicati	· ——
Is the information obtained from the enrollnyouth?YesNO If No, what other information is required to	ment application sufficient to develop a service plan for the
Griffin Academy Admissions	DATE

Coordinator

Griffin ACADEMY Youth Enrollment Packet

