

GRIFFIN ACADEMY



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ADMISSIONS APPLICATION

PERSONAL DATA

STUDENT NAME: _____ **DOB:** _____

Last Middle 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: YES _____ **NO:** _____ **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:

GOALS:

CHECK ANY OF THE BEHAVIORS EXHIBITED BY THE YOUTH AT SCHOOL:

_____ Alcohol Use	_____ Substance Abuse	_____ Poor Impulse Control
_____ Poor Hygiene	_____ Manipulation	_____ Verbal Abuse
_____ Lying	_____ Stealing	_____ Disrespect of Authority.
_____ Promiscuity	_____ Physical Aggression	_____ Running Away.
_____ Suicidal Acts	_____ Bully	_____ Fire-setting
_____ Easily Frustrated.	_____ Follower (Feeds into other's misbehavior)	
_____ Other		

Comments:

HAS YOUTH BEEN REFERRED TO MENTAL HEALTH OR FAMILY COUNSELING SERVICES FOR SCHOOL RELATED PROBLEMS?

YES ___ NO ___ DATE(S) _____ COUNSELOR'S NAME _____

AGENCY _____ ADDRESS _____

PHONE: () _____ DIAGNOSIS (if any) _____

Was medication prescribed? YES _____ NO _____ Was youth compliant? YES _____ NO _____

EDUCATIONAL PLACEMENTS EXPLORED WITHIN THE PAST TWO YEARS:

	<u>Name of Alternative Educational Placement</u>	<u>Successful?</u>
1.	_____	DATE: _____ YES _____ NO _____
2.	_____	DATE: _____ YES _____ NO _____

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, Responsible, Mature, Competitive, Creative, etc.)

PLACEMENT HISTORY
List all non-education placements within the past three years:

1) _____ From _____ To _____

Reason for Discharge _____

2) _____ From _____ To _____

Reason for Discharge _____

3) _____ From _____ To _____

Reason for Discharge _____

CURRENT PLACEMENT _____

REASON FOR PLACEMENT:

DESCRIBE YOUTH'S BEHAVIOR IN CURRENT PLACEMENT: _____

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

Alcohol use	Substance abuse	Poor Impulse Control
Manipulative	Verbally abusive	Lying (pathological)
Stealing	Disrespect Authority	Physical Aggression
Promiscuous	Poor Hygiene	Suicidal Ideations/Acts
Running Away	Bed-Wetting/Enuresis	Fire-setting
Bullying	Encopresis	Easily Frustrated
Prostitution	Sexual Identity Issues	Follower (Feeds easily into other's misbehavior)

Youth's Extra-Curricular Activities, Hobbies or interests: _____

Describe youth's current (biological) family situation:
(Likelihood that youth will return to family after discharge)

CRIMINAL HISTORY:

List All Criminal Activities or Involvement within the past three years:

1. Court _____ Charge _____ Date _____ Disposition _____
2. Court _____ Charge _____ Date _____ Disposition _____
3. Court _____ Charge _____ Date _____ Disposition _____
4. Court _____ Charge _____ Date _____ Disposition _____

Is Youth Currently on Probation/Parole? ____ Yes ____ No ____

Probation Officer _____

Parole Officer _____

Phone #: () _____

Address _____

Conditions of Probation:

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 #: _____

SECONDARY INSURER: _____ **GROUP#:** _____

SUBSCRIBER NAME: _____

PAST SERIOUS ILLNESSES or INFECTIOUS DISEASES:

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? ___ Yes ___ No

Does youth have children? ___ Yes ___ No if yes, how many? _____ **Age(s)?** _____

LIST ANY/ALL SPECIFIC PHYSICAL NEEDS OF THE YOUTH (IF ANY):

Social Worker Signature

Date

Social Worker Supervisor Signature

Date

To be completed on day of admission

Student Name: _____

Name of Person transporting youth to facility: _____

Agency of Person transporting youth to facility: _____

Date: _____

Time: _____

Signature of Person transporting youth to Facility.

Signature of staff accepting youth.

APPLICATION REVIEW

Is applicant suitable for admission to Griffin Academy? ____ Yes ____ No

If No, describe reason for denial of application:

Is the information obtained from the enrollment application sufficient to develop a service plan for the youth? ____ Yes ____ NO

If No, what other information is required to complete enrollment application?

Griffin Academy Admissions
Coordinator

DATE

Griffin ACADEMY

Youth Enrollment Packet



