SHEPHERD'S HILL ACADEMY

Application for Admission

STUDENT INFORMATION *290-2-7-.12(1)(a)-(e)*

Today's Date:_____

Name:_____ D.O.B._____/_____/_____ Age:_____

Home Address:_____ City: _____

State:_____ Zip:_____ Religion (Denomination):_____

Eye color:_____ Hair color:_____ Height:_____ Weight:_____ Gender:_____ Ethnicity:_____

PRIMARY GUARDIAN INFORMATION

A Primary Guardian represents the biological parent(s), or the legal guardian(s).

Male Guardian's Name: _____ Relationship: _____ D.O.B.___/___/___

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

E-Mail:_____ Religion (Denomination):_____

Occupation:_____ Education:_____

☐ Student lives with guardian | Is this guardian approved to receive weekly and/or monthly communication? Yes **or** No

Female Guardian's Name: _____ Relationship: _____ D.O.B.___/___/___

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

E-Mail:_____ Religion (Denomination):_____

Occupation:_____ Education:_____

☐ Student lives with guardian | Is this guardian approved to receive weekly and/or monthly communication? Yes **or** No

SECONDARY GUARDIAN INFORMATION *290-2-7-.12(1)(f)*

A Secondary Guardian represents the Primary Guardian's current spouse.

Male Guardian's Name: _____ Relationship: _____ D.O.B.___/___/___

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

E-Mail:_____ Religion (Denomination):_____

Occupation:_____ Education:_____

☐ Student lives with guardian | Is this guardian approved to receive weekly and/or monthly communication? Yes **or** No

Female Guardian's Name: _____ Relationship: _____ D.O.B.___/___/___

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

E-Mail:_____ Religion (Denomination):_____

Occupation:_____ Education:_____

☐ Student lives with guardian | Is this guardian approved to receive weekly and/or monthly communication? Yes **or** No

Shepherd's Hill Academy Application for Admission

ADOPTION INFORMATION

Legal guardianship documentation is required for acceptance.

The Student is: Biological **or** Adopted

☐ No ☐ Yes If adopted, are biological parents involved?

☐ No ☐ Yes Did student live in a foster home and/or orphanage?

☐ No ☐ Yes Is it considered a closed adoption?

Date of adoption _____ Student's age at adoption _____

Select which type of adoption:

☐ through the state

☐ through a domestic agency

☐ through an international agency

if international which country _____

Describe in detail the circumstance of adoption: _____

Explain the affects the adoption had on the student: _____

If there were complications to the adoption process, please explain them here: _____

Shepherd's Hill Academy Application for Admission

FAMILY RELATIONS *290-2-7-.12(1)(f)*

Describe your child's relationship with the Primary Guardian(s): _____

_____

_____

_____

_____

Describe your child's relationship with the Secondary Guardian(s): _____

_____

_____

_____

_____

Describe your child's relationship with his/her siblings: _____

_____

_____

_____

What methods do you use to handle discipline in your home? _____

_____

_____

What are your family's strengths and weaknesses? _____

_____

_____

_____

_____

Select one option that best describes your child's childhood family experience:

- ☐ outstanding home environment
- ☐ normal home environment
- ☐ chaotic home environment
- ☐ witnessed physical/verbal/sexual abuse toward others
- ☐ experienced physical/verbal/sexual abuse from others
- ☐ other:_____

List any special circumstances in your child's childhood:_____

_____

_____

_____

_____

_____

Shepherd's Hill Academy Application for Admission

FAMILY RELATIONS (cont.) *290-2-7-.12(1)(f)*

Using the chart below, please describe the primary guardian(s) current marital status:

- ☐ married to each other
- ☐ separated for ____ years
- ☐ divorced for ____ years
- ☐ father involved with someone
- ☐ father deceased for ___ years, student's age at death ___
- ☐ mother remarried ____ times
- ☐ father remarried ____ times
- ☐ mother involved with someone
- ☐ mother deceased for___ years, student's age at death___
- ☐ never married

If there was a divorce in the home, how did this affect the student? _____

_____

_____

_____

Using the chart below, please provide how frequent each parent was present during childhood:

	Present during entire childhood	Present during part of childhood	Not present at all
Primary Male Guardian	☐	☐	☐
Primary Female Guardian	☐	☐	☐
Secondary Male Guardian	☐	☐	☐
Secondary Female Guardian	☐	☐	☐
Brother(s)	☐	☐	☐
Sister(s)	☐	☐	☐
Other	☐	☐	☐

List all persons currently living in same household as child:

Name	Age	Sex	Relationship to Student

List biological/adopted children not living in same household as child:

Name	Age	Sex	Relationship to Student

Shepherd's Hill Academy Application for Admission

FAMILY RELATIONS (cont.) *290-2-7-.12(1)(f)*

List the visitation frequency of family members not living in the same household: _____

Describe any past or current significant issues in familial relationships: _____

_____

_____

Describe any past or current significant issues in other immediate family relationships: _____

_____

_____

Select which best describes your child's housing:

- ☐ housing adequate
- ☐ dependent on others for housing
- ☐ housing dangerous/deteriorating
- ☐ housing overcrowded
- ☐ living companions dysfunctional

SPIRITUAL/CULTURAL ASSESSMENT

Please list any spiritual or cultural considerations in your home: _____

_____

_____

_____

Identify family's spiritual strengths: _____

_____

_____

Describe your child's cultural identity (e.g., religious preference, drug culture, etc.): _____

_____

_____

_____

Describe any cultural issues that may contribute to your child's problems: _____

_____

_____

If involved with hobbies or recreational activities, please provide details: _____

_____

_____

_____

Select which best describes recreational habits within child's community:

- ☐ currently active in community/recreational activities
- ☐ currently engages in hobbies
- ☐ other _____
- ☐ formerly active in community/recreational activities
- ☐ currently participates in spiritual activities

Shepherd's Hill Academy Application for Admission

SOCIAL AND BEHAVIOR HISTORY

Legal history:

- ☐ no legal problems
- ☐ now on parole/probation
- ☐ arrest(s) not substance-related
- ☐ arrest(s) substance-related
- ☐ court ordered this treatment
- ☐ jail/prison _____ time(s)

total time served: _____

Describe last legal difficulty:

_____

_____

_____

_____

_____

Please explain your child's personality, interests, likes and dislikes: _____

_____

_____

Describe any traumatic events in your child's life (divorce, deaths, imprisonment, taken out of the home, abandonment, etc.):

_____

_____

_____

_____

Describe any history of your child as an **offender** of abuse towards another person (sexual, physical, and/or emotional):_____

_____

_____

_____

Relationships with peers outside of school (number and quality of friendships): _____

_____

_____

_____

Activities outside of school: _____

_____

_____

Select which best describes your child's social support system:

- ☐ supportive network
- ☐ substance-use-based friends
- ☐ distant family members
- ☐ few friends
- ☐ no friends

Select the social interaction style that best describes your child:

- ☐ normal social interaction
- ☐ isolates self
- ☐ very shy
- ☐ alienates self
- ☐ inappropriate sex play
- ☐ dominates others
- ☐ associates with acting-out peers
- ☐ other _____

Shepherd's Hill Academy Application for Admission

SOCIAL AND BEHAVIOR HISTORY (cont.)

Select your child's intellectual/academic function:

- ☐ normal intelligence
- ☐ underachieving
- ☐ learning problems
- ☐ high intelligence
- ☐ mild intellectual disability
- ☐ moderate intellectual disability
- ☐ severe intellectual disability

Select the sexual orientation your child claims:

- ☐ heterosexual orientation
- ☐ bisexual orientation
- ☐ currently sexually active
- ☐ homosexual orientation
- ☐ transgender

Dating/Relationship history: _____

_____

_____

Briefly describe the sexual history details:

age of first sexual experience: _____ age of first pregnancy or fatherhood: _____

history of promiscuity age: _____ to _____

☐ No ☐ Yes Has your child been tested for STD's?

☐ No ☐ Yes Has your child ever been involved in the termination of a pregnancy?

Additional information about sexual activity: _____

_____

_____

Provide as much detail to the following questions as possible:

☐ No ☐ Yes Has there been any history of self-injurious behaviors or self-mutilation?

If yes, please explain: _____

_____

☐ No ☐ Yes Has your child ever attempted suicide?

If yes, please explain the situation and when it occurred:_____

_____

☐ No ☐ Yes Does your child have a history of running away?

If yes, please explain when and where they ran to: _____

_____

☐ No ☐ Yes Has your child ever demonstrated violent behaviors?

If yes, please explain: _____

_____

Shepherd's Hill Academy Application for Admission

SOCIAL AND BEHAVIOR HISTORY (cont.)

Is there family history of alcohol/drug abuse?

☐ father ☐ grandparent(s) ☐ stepparent/live-in

☐ mother ☐ uncle(s)/aunt(s) ☐ sibling(s)

☐ other _____

Select the one that best describes your child's current substance use:

☐ no history of abuse ☐ early partial remission ☐ active abuse

☐ sustained full remission ☐ early full remission ☐ sustained partial remission

Select and provide the age(s) of your child's treatment history:

☐ outpatient age(s) _____ ☐ stopped on own age(s) _____ ☐ inpatient age(s) _____

☐ 12-step program age(s) _____ ☐ other: _____

Please provide detail to each substance use that applies to your child:

Substances used	First use age	Last use age	Current Use	Frequency	Amount
☐ alcohol	_____	_____	☐	_____	_____
☐ amphetamines/speed	_____	_____	☐	_____	_____
☐ barbiturates/downers	_____	_____	☐	_____	_____
☐ cocaine /crack cocaine	_____	_____	☐	_____	_____
☐ hallucinogens (e.g., LSD)	_____	_____	☐	_____	_____
☐ inhalants (e.g., glue, gas)	_____	_____	☐	_____	_____
☐ marijuana or hashish	_____	_____	☐	_____	_____
☐ opioids	_____	_____	☐	_____	_____
☐ PCP	_____	_____	☐	_____	_____
☐ prescription	_____	_____	☐	_____	_____
☐ other	_____	_____	☐	_____	_____

Check all the consequences of your child's substance abuse that apply:

☐ hangovers ☐ medical conditions ☐ suicide attempts ☐ withdrawal symptoms

☐ seizures ☐ increase in tolerance ☐ assaults ☐ loss of control over amount used

☐ blackouts ☐ sleep disturbance ☐ relationship conflicts ☐ suicidal impulse/thoughts

☐ binges ☐ job loss ☐ arrests ☐ accidental overdose

☐ other _____

Shepherd's Hill Academy Application for Admission

SOCIAL AND BEHAVIOR HISTORY (cont.)

Check all emotional/behavioral problems that apply to your child:

- ☐ none
- ☐ drug use
- ☐ alcohol abuse
- ☐ chronic lying
- ☐ stealing
- ☐ violent temper
- ☐ fire-setting
- ☐ hyperactive
- ☐ animal cruelty
- ☐ assaults others
- ☐ repeats words of others
- ☐ not trustworthy
- ☐ hostile/angry mood
- ☐ indecisive
- ☐ immature
- ☐ bizarre behavior
- ☐ self-injurious threats
- ☐ frequently tearful
- ☐ lack of attachment
- ☐ distrustful
- ☐ extreme worrier
- ☐ self-injurious acts
- ☐ impulsive
- ☐ easily distracted
- ☐ poor concentration
- ☐ often sad
- ☐ breaks things in anger
- ☐ disobedient
- ☐ other: _____

In the behavioral conclusion, please explain in your words what the student's current behavior and emotional problems are and what is currently being done to address these problems: _____

In the event that the student were to run away, please provide a list of his friends that he/she may contact.

Name	Age	Any contact info you have (phone, social media handle, etc.)

Shepherd's Hill Academy Application for Admission

MEDICAL INFORMATION

List the date of your child's current physical examination: _____ (*a current copy of the examination will be needed at orientation*)

Describe the current general health of your child: ☐ Good ☐ Fair ☐ Poor

Use the space below to list any details about your child's health we should be aware of: _____

_____

_____

_____

_____

_____

_____

_____

_____

List name of primary care physician(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there a history of any of the following in your child's family:

☐ tuberculosis	☐ heart disease	☐ intellectual disability
☐ birth defects	☐ high blood pressure	☐ stroke
☐ emotional problems	☐ alcoholism	☐ cancer
☐ behavior problems	☐ drug abuse	☐ Alzheimer's disease/dementia
☐ thyroid problems	☐ diabetes	

☐ other chronic or serious health problems:_____

List any past and/or present dental problems: _____

_____

_____

Does your child have braces? ☐ Yes ☐ No

Does your child have a retainer? ☐ Yes ☐ No

Does your child wear glasses? ☐ Yes ☐ No

Does your child wear contact lenses? ☐ Yes ☐ No

Does your child have any problems with speech and/or hearing? ☐ Yes ☐ No

If yes, please explain the situation: _____

_____

_____

_____

Shepherd's Hill Academy Application for Admission

MEDICAL INFORMATION (cont.)

How would you rate your child's nutritional intake? ☐ Good ☐ Average ☐ Poor

How would you rate your child's junk food intake? ☐ Low ☐ Moderate ☐ Excessive

List any distinguishing features such as tattoos, birthmarks, scars, etc., that your child has: _____

_____

_____

If your child is allergic to any of the following, describe the reaction:

☐ No ☐ Yes Bee/wasp stings Reaction: _____

☐ No ☐ Yes Ant bites Reaction: _____

☐ No ☐ Yes Any other insect bites Reaction: _____

☐ No ☐ Yes Will your child bring an epi-pin to Shepherd's Hill Academy?

☐ No ☐ Yes Does your child have asthma?

☐ No ☐ Yes Will your child bring an inhaler?

Please be thorough in the following section. It is very important that we know all allergies that may cause reactions.

List any other allergies we should know about: _____

_____

List any foods your child is allergic to: _____

_____

_____

_____

Describe any serious hospitalization or accidents:

Year	Age	Reason	Year	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL INFORMATION

Explain your child's overall behavior at school: _____

_____

_____

Explain your child's interaction with teachers and authority in the classroom: _____

_____

_____

_____

_____

Shepherd's Hill Academy Application for Admission

EDUCATIONAL INFORMATION

Name of school presently attending: _____

Address: _____ Current Grade Level: _____

☐ ☐ May we contact the school counselor?
No Yes

☐ ☐ Does your child have an IEP (Individual Education Plan) or 504 Plan? Which Plan are they on?_____
No Yes Year Written: _____ Last time it was updated:_____

If yes, please attach any assessment information with this application. Submission of IEP or 504 documentation is necessary for acceptance to Shepherd's Hill Academy, and must be submitted with this application.

Identified Learning Problems:

☐ behavioral ☐ emotional ☐ math ☐ fine motor skills

☐ speech-language ☐ reading ☐ cognitive delays ☐ gross motor skills

Provide Details of Your Child's Academic Performance:

Elementary school grades: ☐ Above Avenge ☐ Average ☐ Below Average ☐ Poor

Middle school grades: ☐ Above Avenge ☐ Average ☐ Below Average ☐ Poor

High school grades: ☐ Above Avenge ☐ Average ☐ Below Average ☐ Poor

How is your child's school attendance? ☐ Good ☐ Poor

If poor, please explain reasons why:

_____

_____

Quality of Relationships with Peers at School:

☐ developmentally appropriate ☐ friendly ☐ isolated ☐ negative

☐ physically aggressive ☐ withdrawn ☐ controlling ☐ bullies

☐ verbally aggressive ☐ cooperative ☐ victimized ☐ attention seeking

☐ other _____

List any special achievements that your child has accomplished in or out of school: _____

Describe any difficulties your child experiences in school (authority, peer, relationships, tardiness, skipping, teased or bullied, etc.):

_____

☐ ☐ Has your child skipped or repeated any grades? If so, which grades: Skipped _____ Repeated _____
No Yes

Describe your educational goals for your child:_____

_____

What is your child's favorite and least favorite subjects? _____

☐ ☐ Has your child ever been suspended or expelled from school? If so, for how long? _____
No Yes

If yes, please explain why: _____

_____

Shepherd's Hill Academy Application for Admission

PRESENTING PROBLEMS

Primary: _____

Secondary: _____

Current Symptom Checklist

Rate intensity of symptoms currently present.

Mild = Impacts quality of life, but no significant impairment of day-to-day functioning

Moderate = Significant impact on quality of life and/or day-to-day functioning

Severe = Profound impact on quality of life and/or day-to-day functioning

Symptom	Impact				Symptom	Impact			
	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Aggressive Behaviors	☐	☐	☐	☐	Laxative/Diuretic Abuse	☐	☐	☐	☐
Agitation	☐	☐	☐	☐	Loose Associations	☐	☐	☐	☐
Anorexia	☐	☐	☐	☐	Mood Swings	☐	☐	☐	☐
Appetite Disturbance	☐	☐	☐	☐	Obsessions/Compulsions	☐	☐	☐	☐
Binging/Purging	☐	☐	☐	☐	Oppositional Behavior	☐	☐	☐	☐
Circumstantial Symptoms	☐	☐	☐	☐	Panic Attacks	☐	☐	☐	☐
Concomitant Medical Condition	☐	☐	☐	☐	Paranoid Ideation	☐	☐	☐	☐
Conduct Problems	☐	☐	☐	☐	Phobias	☐	☐	☐	☐
Delusions	☐	☐	☐	☐	Physical Trauma Perpetrator	☐	☐	☐	☐
Depressed Mood	☐	☐	☐	☐	Physical Trauma Victim	☐	☐	☐	☐
Dissociative States	☐	☐	☐	☐	Poor Concentration	☐	☐	☐	☐
Elevated Mood	☐	☐	☐	☐	Poor Grooming	☐	☐	☐	☐
Elimination Disturbance	☐	☐	☐	☐	Psychomotor Retardation	☐	☐	☐	☐
Emotional Trauma Perpetrator	☐	☐	☐	☐	Self-Mutilation	☐	☐	☐	☐
Emotional Trauma Victim	☐	☐	☐	☐	Sexual Dysfunction	☐	☐	☐	☐
Emotionality	☐	☐	☐	☐	Sexual Trauma Perpetrator	☐	☐	☐	☐
Fatigue/Low Energy	☐	☐	☐	☐	Sexual Trauma Victim	☐	☐	☐	☐
Generalized Anxiety	☐	☐	☐	☐	Significant Weight Gain/Loss	☐	☐	☐	☐
Grief	☐	☐	☐	☐	Sleep Disturbance	☐	☐	☐	☐
Guilt	☐	☐	☐	☐	Social Isolation	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐	Somatic Complaints	☐	☐	☐	☐
Hopelessness	☐	☐	☐	☐	Substance Abuse	☐	☐	☐	☐
Hyperactivity	☐	☐	☐	☐	Worthlessness	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	Other	☐	☐	☐	☐

Shepherd's Hill Academy Application for Admission

PSYCHIATRIC HISTORY

☐ ☐ Have you had a complete psychological done on your child?
No Yes

If yes, give date: _____ ***A copy of a current psychological will be required for acceptance.***

☐ ☐ Has your child ever had outpatient psychotherapy?
No Yes

If yes, on how many occasions? _____

Longest treatment provided by: _____

How many sessions? _____

Dates treatment was provided from: _____ to _____

Prior Provider Name	City	State	Diagnosis	Intervention/Modality	Beneficial?

☐ ☐ Has a family member had outpatient psychotherapy?
No Yes
If yes, who/why? (list all): _____

_____

☐ ☐ Has your child ever had inpatient treatment for a psychiatric, emotional or substance use disorder?
No Yes
If yes, on how many occasions? _____

Longest treatment provided by: _____

Dates treatment was provided from: _____ to _____

Inpatient Facility Name	City	State	Diagnosis	Intervention/Modality	Beneficial?

☐ ☐ Has a family member had inpatient treatment for a psychiatric, emotional or substance use disorder?
No Yes
If yes, who/why? (list all): _____

_____

☐ ☐ Has a family member used psychotropic medications?
No Yes
If yes, who/why? (list all): _____

_____

Shepherd's Hill Academy Application for Admission

DEVELOPMENTAL HISTORY

List Problems During:

Mother's Pregnancy	Birth	Infancy Problems
☐ none	☐ normal delivery	☐ none
☐ high blood pressure	☐ difficult delivery	☐ feeding problems
☐ German measles	☐ cesarean delivery	☐ sleep problems
☐ bleeding	☐ complications	☐ toilet training problems
☐ alcohol use	birth weight: _____ lbs _____ oz	
☐ drug use		
☐ ear infections		
☐ cigarette use		

Please discuss in detail any significant developmental history: _____

_____

_____

Childhood Health:

☐ chickenpox	(age) _____	☐ lead poisoning	(age) _____
☐ German measles	(age) _____	☐ mumps	(age) _____
☐ red measles	(age) _____	☐ diphtheria	(age) _____
☐ rheumatic fever	(age) _____	☐ poliomyelitis	(age) _____
☐ whooping cough	(age) _____	☐ pneumonia	(age) _____
☐ scarlet fever	(age) _____	☐ tuberculosis	(age) _____
☐ autism	(age) _____	☐ mental retardation	(age) _____
☐ ear infections	(age) _____	☐ asthma	(age) _____

☐ significant injuries:_____

☐ chronic, serious health problems:_____

Delayed Developmental Milestones (check only those milestones that did not occur at expected age):

☐ sitting	☐ controlling bowels	☐ riding tricycle
☐ rolling over	☐ sleeping alone	☐ riding bicycle
☐ standing	☐ dressing self	☐ controlling bladder
☐ walking	☐ engaging peers	☐ speaking sentences
☐ feeding self	☐ tolerating separation	☐ other:_____
☐ speaking words	☐ playing cooperatively	☐ other:_____

Shepherd's Hill Academy Application for Admission

MEDICATION INFORMATION

Any medication brought to Shepherd's Hill Academy must be in correctly labeled pharmacy containers. Our nurse will be in charge of all medicine dispensed.

☐ No ☐ Yes Has your child ever taken psychotropic medications?

☐ No ☐ Yes Is your child currently taking psychotropic medications?

☐ No ☐ Yes Does your child have a history of refusing or hiding medications?

☐ No ☐ Yes Has your child ever had an allergic reaction to any medication?

If yes, please list the medication and explain the situation:_____

_____

List current psychotropic medication:

Medication	Dosage	Frequency	Start Date	End Date	Physician

List current non-psychotropic medication (prescription & over-the-counter):

Medication	Dosage	Frequency	Start Date	End Date	Physician

List current vitamins that you will bring to intake:

In general, other than a daily multivitamin, Shepherd's Hill Academy does not administer individually packed vitamins. If you choose to send vitamins, please remember the following:

-anything other than a daily multivitamin must have a doctor's order
-all vitamins must be pre-sorted and packed
-vitamins must come in the form of a pill, not a gummy

Vitamins	Dosage	Frequency	Start Date	End Date	Physician

Shepherd's Hill Academy Application for Admission

ADDITIONAL INFORMATION

☐ ☐ **Does your child feel he/she has problems that would require this placement?**
No Yes

What is your child's understanding of this placement? ☐ none | ☐ in agreement | ☐ disagree

Please describe your child's personal goals for the future: _____

_____

_____

Does your child have any special room, board or additional needs we should be aware of? _____

_____

_____

Who is permitted to visit your child at Shepherd's Hill Academy's campus? _____

_____

_____

EMERGENCY CONTACT INFORMATION

Please list two contacts we may call if there is an emergency and we are unable to contact you:

Name: _____ Relationship: _____

Primary phone: _____ Secondary phone: _____

Name: _____ Relationship: _____

Primary phone: _____ Secondary phone: _____

CLOSING INFORMATION

Please provide us with how you heard about Shepherd's Hill Academy: _____

If you found us by searching Google, could you record the keyword(s) you used? _____

Person filling out this application: _____ Relationship to child: _____

_____

Signature **Date**

I have provided information as detailed and accurate as possible and agree to the general goals described above:

_____

Signature of Parent/Guardian **Date**

_____

Clinical Assessment-Part I Reviewed by: **Date**

_____

Signature of Shepherd's Hill Academy Counseling Personnel **Date**

Shepherd's Hill Academy Application for Admission

ENROLLMENT PREPARATION CHECKLIST (keep this information for your records)

Required Before Acceptance

The following (3) items must be received in order for your child to be considered for acceptance:

_____ Fully completed application
_____ Any psychological evaluations, personality, social or educational testing
_____ School transcripts, IEP or 504 Plan (if applicable)

Required After Acceptance

Upon acceptance, your state's ICPC documentation must be processed:

_____ A completed and approved Form 100A and other ICPC documentation is required for out-of-state admissions.
(contact your Admissions Team for further instructions on ICPC)

The following items must be brought to registration

_____ Copy of immunization records
_____ Proof of physical exam given by a medical doctor 30 days prior to enrollment
_____ Proof of last dental exam
_____ Copy front and back of child's insurance card
_____ Copy front and back of child's prescription card
We will need to know who the primary insurance cardholder is and that person's social security number
_____ Copy of birth certificate
_____ Copy of social security card
_____ Custody papers (if applicable)
_____ Approved correspondence list (family only please)
_____ Medications and any unfilled prescriptions needing to be filled (1 month supply)
**See note below about medications and please do before or at registration*
_____ Money for "Essentials Account" (We require $200.00 to be put in the student's essential account.)
_____ Phone card and stamps

Required at Enrollment

The following items will need to be finalized on the day of enrollment

_____ Sign Contract Form accompanied by payment
_____ Sign Power of Attorney Form (supplied and notarized by Shepherd's Hill Academy)
_____ Sign Drug Screen Form
_____ Sign Photo Release Form
_____ Church Attendance Form
_____ Permission to Transport Form

***If your child takes prescribed medications, please call Sanders Drugs Pharmacy at (706) 297-0111 and give them your name and a credit card number. Make sure you tell them your son/daughter will be at Shepherd's Hill Academy. They keep a card on file in their safe for our future purchases of prescribed drugs only.**

Sanders Drugs Pharmacy in Toccoa, GA (706) 297-0111