



Glenn Stratton Learning Center Enrollment Application

GOOD WILL-HINCKLEY

(to be completed with parent/legal guardian- GWH Admissions staff is happy to assist with completion of this application over the phone)

Student Information

Last Name		First Name		Middle Name	Age	Sex M/F	Date of Birth
Nickname	Height	Weight	Eye Color		Social Security Number		
Adopted Yes/No	At what age?	Place of Birth		Hometown		US Citizen Yes No	
<u>Youth's ethnicity-circle all that apply:</u> Asian Native American Black/African Pacific Islander Caucasian Mixed Race Hispanic/Latino Other: _____		<u>Race- circle one:</u> Hispanic/Latino Non-Hispanic/Non-Latino Don't know		Languages Spoken and preference:			
Name and address of last school attended							
Current Grade	Last day attended school						

Maine Care Number (if applicable)	
Name of Medical Insurance	
Group Number	Policy Number

Please provide the student's current address if not living with parent or guardian

Name		Relationship		Telephone	
Address		City	State		Zip

Student's Housing Information:

PLEASE CIRCLE THE APPROPRIATE RESPONSE

Housing Source: rent, own, subsidized, shelter, other	STUDENT'S MARITAL STATUS	
Housing Type: apartment, trailer, house, other		Single
Heat Source: wood, oil, electric, none, other		Married
Water Source: town/city, well, none, other		

Custody Information

Are parents separated or divorced? Yes No

If YES, who has:

Legal Custody	
Physical Custody	
Sole Custody	

IMPORTANT
****Please submit all documents related to the custody of the student with this application.****

Current Family or Guardian Information

Father's Name		Occupation	Level of Education
Home Street Address	Town	State	Zip Code
Home Telephone	Cell Phone	Work Phone	Email

Mother's Name		Occupation	Level of Education
Home Street Address	Town	State	Zip Code
Home Telephone	Cell Phone	Work Phone	Email

Other Family, Guardian Information and Case Manager Information

Name/Relation to child		Occupation	Level of Education
Home Street Address	Town	State	Zip Code
Home Telephone	Cell Phone	Work Phone	Email

Name/Relation to child		Occupation	Level of Education
Home Street Address	Town	State	Zip Code
Home Telephone	Cell Phone	Work Phone	Email

Sibling Information

Please list all siblings and others who live with your child

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship</u>	<u>Biological / Adopted</u>

Professional Consultations

Please list Psychiatrists, Psychologists, Educational Consultants, etc. that have worked with your child.

Name	Professional	Location	Dates of Service
------	--------------	----------	------------------

Describe type of service rendered and why consultation was needed:

Name	Professional	Location	Dates of Service
------	--------------	----------	------------------

Describe type of service rendered and why consultation was needed:

Name	Professional	Location	Dates of Service
------	--------------	----------	------------------

Describe type of service rendered and why consultation was needed:

Out-of-Home Placements

Please list hospitals, treatment centers, wilderness programs, etc. that have worked with your child.

Name	Program	Location	Dates of Service
------	---------	----------	------------------

Describe type of service rendered and why placement was needed:

Name	Program	Location	Dates of Service
------	---------	----------	------------------

Describe type of service rendered and why placement was needed:

Goals and Expectations

What are your goals and expectations for your child's emotional wellbeing?
What are your expectations of your child academically?

Student's Personal History

In your words, what are your child's strengths, positive qualities, accomplishments, and interests?
In your words, what are your child's difficulties and when did they first become apparent?
Has your child experienced any traumatic events (divorce, illness, death, separation, etc.)? Yes No Please describe:
Has your child experienced many significant life changes such as numerous moves and or school changes? Yes No Please describe:
What behavioral and/or mood issues are you concerned about? How long has the behavior or mood change existed?
How does your child express feelings of anger, sadness, frustration, and disappointment? (Inwardly, outwardly, harmful to self/others, etc.)
Describe your child's relationships with siblings, peers and animals
Is the student married? Yes _____ No _____

To the best of your knowledge, has your child experienced or engaged in any of the following?

Fire setting? Yes No Please describe:
Violent behavior? Yes No Please describe:
Sexual abuse? Yes No Please describe:
Arrests, incarcerations, or juvenile probation? If so, is student on probation? Yes No Please describe:
Cruelty to animals? Yes No Please describe:
Suicide attempts or threats? Yes No Please describe:
Self-abusive behavior or self-mutilation? Yes No Please describe:
Unusual thoughts? Yes No Please describe:
Fears and anxieties? Yes No Please describe:
Bed wetting? Yes No Please describe:
Depression? Yes No Please describe:
Obsessive-compulsive behavior? Yes No Please describe:

Physical abuse? Yes No Please describe:
Sexual activity? Yes No Please describe:
Eating disorder? Yes No Please describe:
Drug and alcohol or tobacco use? Describe frequency and any significant events: Yes No
Is there a history of mental illness in the child's family? Yes No Please describe:
Running away? Yes No Please describe:
Is there a history of substance abuse in the child's family? Yes No Please describe:
Please describe things you feel your family does well.

Student's Medical History	
Please identify and describe any health problems.	
When was your child's last physical? Name, address and phone of physician:	When was your child's last dental exam? Name, address and phone of dentist:
Are there any current dental problems?	
When was your child's last eye exam? Name, address and phone of eye doctor:	
Does your child wear glasses or contacts? Yes No Indicate which and reason for needing them.	

Is your child currently taking any medications? Yes No

If Yes, Please list below:

Medication	Dose	Frequency	Reason

Please explain your child's response to the medication:

Please describe any medication concerns you have for your child:

