LEGACY ACADEMY

ADMISSION APPLICATION

Legacy Boys Academy, Inc admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship programs, and other school-administered programs.

Please complete entire application
May also be filled out online at
https://form.jotform.com/200144559827155

Please type or print clearly:

Date:______________________How did you hear about Legacy Academy?________________

Applicant Information **Is applicant a U.S. citizen?__________ Name of child:____________________S.S.#:_____---_____---_____Age:______ Birthplace: ________________Birthdate:___/___/____Current Grade:__________ Ethnicity:______________Religious Affiliation:__________ Is your child presently living at home? Y / N If no, please explain:______**

____

____

Hair color:______________ Eye color:______________ Height:________ Weight:________

Scars:____________________________________

Please list friends or relatives that your child is permitted to contact: *(include phone numbers)*

____

Parent/ Guardian Information

Father's Name:____________________________Age:________Occupation:_____________________

Address:______________________________City:__________________ State:_______ Zip:________

Home Phone:______________________Work Phone:______________________Fax:_______________

Cell:________________________________Email:____

Best method of contact:______________________________ Best time to contact:____________

Mother's Name:________________________________Age:____Occupation:_____________________

Address:______________________________City:__________________ State:_______ Zip:________

Home Phone:______________________Work Phone:______________________Fax:_______________

Cell:________________________________Email:____

Best method of contact:______________________________ Best time to contact:____________

Stepfather's Name:______________________________ Age:____ Occupation:___________________

Address:______________________________ City:__________________ State:_______ Zip:________

Home Phone:______________________Work Phone:______________________Fax:_______________

Cell:________________________________Email:____

Best method of contact:______________________________ Best time to contact:____________

Stepmother's Name:__________________________Age:_______Occupation:___________________

Address:______________________________City:__________________ State:_______ Zip:________

Home Phone:______________________Work Phone:______________________Fax:_______________

Cell:________________________________Email:____

Best method of contact:______________________________ Best time to contact:____________

Please give the following information of each immediate member of your family:

NAME	AGE	RELATION	CURRENTLY LIVING WITH

Persons to notify in case of emergency *(other than parents)*

Name:____________________________ Relationship:____________________ Phone:__________________

Name:____________________________ Relationship:____________________ Phone:__________________

Social History: *Please describe the personality of your child in the following phases)*

Birth to six years old:____

Seven to twelve:____

Thirteen to present:____

Present Problems

What are your child's current behavior problems?____

____

____

____

____

____

Family Relationships *(please describe your child's relationship with family members)*

Father:____

____

Mother:____

____

Stepfather:____

____

Stepmother:____

____

Siblings:____

____

Please describe any other significant relationships with family members:_________________________

____

____

Divorce/Separation History

Are parents divorced? Y / N   If yes, when?____________Who has custody?_______________________

Has the divorce or separation been an issue for your child? ? Y / N If yes, explain:________________

____

Any past or current custody battles? Y / N If yes, explain:____

____

Have either parent remarried? Y / N   Has this been an issue with your child? Y / N

If yes, please explain:____

____

Adoption

Was your child adopted? Y / N   If yes, when?________________________________Age?_____________

Where was your child adopted from?_______________________   Previous adoption homes? Y / N

Please explain any special circumstances leading up to the adoption:_____________________________

____

Has the adoption been an issue for your child? Y / N If yes, explain:______________________________

____

Do they know information about their biological parents? Y / N If yes, explain:____________________

____

Have the biological parents been involved? Y / N If yes, explain:___________________________________

____

Behavioral History

Has your child ever demonstrated aggressive or violent behavior? Y / N   If yes, please explain:

____

Has your child had any involvement with the legal system? Y / N   If yes, please explain:

____

Has your child ever talked about, threatened, or attempted suicide? Y / N   If yes, please explain:

____

Does your child have a history of self-mutilation? Y / N If yes, explain:____________________

____

Has your child had any changes in behavior or mood? Y / N If yes, explain:________________

____

When did these changes occur?_________________________________

Has your child discussed any abnormal thoughts? Y / N If yes, explain:___________________

____

Please describe the history of any specific disorder your child has had:___________________

____

Please check any of the following characteristics that apply to your child:

❑ Shy or timid	❑ Withdrawn	❑ Daredevil behavior
❑ Bed-wetting	❑ Cruel to animals	❑ Play with fire
❑ Unhappy	❑ Fear of losing control	❑ Verbal abuse
❑ Witness to violence/abuse	❑ Strange thoughts	❑ Difficult to control
❑ Aggressive towards others	❑ Loner	❑ Destructive
❑ Restless	❑ Gang involvement	❑ Physical abuse

If your child has ever run away, please answer the following questions:

How many times has your child ran away: ________ When?____________ Alone? Y/ N

How long was he gone?__________________Did he call home? Y / N Distance traveled?__________

Who did he stay with?_________________________Was your child involved in illegal activity? Y / N

If yes, please describe in detail:____

____

What was the reason your child ran away?____

Social Relationships

Does your child make friends easily or have difficulty making friends?______________________

Does your child prefer to be alone? Y / N Does your child get along well with others? Y / N

Are your child's friends usually younger, older, or the same age? __________________________

Are your child's friends usually the same sex or opposite sex?______________________________

Has your child recently changed friend groups or stopped hanging out with current friends? Y / N

What type of peer groups does your child spend time with?__________________________________

What are your feelings about your child's friends?____

Sexual History

To your knowledge, has your child been sexually active?____________________________________

____

Has your child had any sexual problems?____

____

Has your child exhibited any sexual identity issues or inappropriate sexual behavior?__________

____

To your knowledge, has your child ever been sexually abused or raped?______________________

History of abuse: (Sexual, Physical, and Emotional)

Specific History of Abuse

Specify Whether Victim or Offender:____

Incest:____

____

Rape:____

____

Molestation:____

____

Sexual Perpetration:____

____

Physical Abuse:____

____

Verbal/Emotional Abuse:____

____

Neglect:____

____

Legal measures taken:____

____

____

Child's behavior and attitude exhibited:_______________________________________

____

Degree of family involvement:____

____

Medical Information

Please list all who have examined or treated your child: *(Physicians, Psychiatrist, Psychologist, etc.)*

Name:______________________________ Nature of Services:________________________

Address:_______________________________________ Date(mm/yy):_________ Age:______

Medications:____Currently taking? Y / N

Doctor Prescribing:_______________Reason for Prescribing:______________________________

Reason for discontinuing/side-effects:____

Please check any of the following conditions that apply to your child:

- ❑ Childhood diseases
- ❑ Sinus
- ❑ Asthma
- ❑ Heart attack
- ❑ Heart Murmur
- ❑ Chest pain
- ❑ Heartburn
- ❑ Hemorrhoids
- ❑ Bladder problems
- ❑ Anemia
- ❑ Headache
- ❑ Thyroid
- ❑ Emphysema
- ❑ Enlarged heart
- ❑ High blood pressure
- ❑ Gall bladder problems
- ❑ Ulcers
- ❑ Bloody stools
- ❑ Broken bones
- ❑ Cancer
- ❑ Seizures
- ❑ Pneumonia
- ❑ Tuberculosis
- ❑ Valve disease
- ❑ Emotional problems
- ❑ Hepatitis
- ❑ Bowel Disease
- ❑ Kidney stones
- ❑ Arthritis
- ❑ Diabetes

If you answered yes to any of the above, please explain:__________________________________

____

Please list any allergies:____

____

Past or recent tobacco, alcohol or drug use? Y / N Please explain:___________________________

____

Family history of substance abuse:____

____

To adequately understand the parent/child relationship and its impact on the child, it is very important that we know of any family therapy. Please list all psychiatric, psychological and/or marriage and family therapy that the family members have participated in:

Name of Therapist:______________________________ Dates seen:__________________

Address:_________________________________ Nature of Services:_________________

What was addressed:____

Frequency:___________ Family members who participated:_________________________

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Name of Therapist:______________________________ Dates seen:__________________

Address:_________________________________ Nature of Services:_________________

What was addressed:____

Frequency:___________ Family members who participated:_________________________

Please list any past/present medical concerns or conditions of family members which may affect your child or family relationships:____

____

____

____

____

Additional Information

Have there been any circumstances in the child's life which have been hard for him to accept?

____

____

Have there been any deaths of family or friends that have greatly impacted your child?

____

____

What does your child believe his current problem to be?

____

What are your expectations of placement at Legacy ?

____

What do you see as your child's estimated stay at Legacy ?

____

How do you plan to be involved with your child's growth while at Legacy ?

____

____

What is your child's perception of being placed at Legacy ?

____

____

What do you see your child's and your family's goal of sending him to Legacy ?

____

Please attach any additional information that you think will be helpful in understanding your child's current situation.

What are your child's special needs and strengths in the following areas?

Physical

Needs:____

____

Strengths:____

____

Familial

Needs:____

____

Strengths:____

____

Educational

Needs:____

____

Strengths:____

____

Spiritual

Needs:____

____

Strengths:____

____

Social

Needs:____

____

Strengths:____

____

Psychological

Needs:____

____

Strengths:____

____

Educational History

Please describe your child's performance ***(grades, relationship with teachers, behavior, etc.):***

Elementary school:____

____

Junior High:____

____

Has your child had difficulties in school? Y / N If yes, please explain:_______________________

____

Has your child had an IEP (Individualized Education Plan) or special education placement? Y / N

If yes, please explain:____

Has your child been diagnosed with ADD, ADHD, ODD or other diagnosis? Y / N If yes, please list:

____

Does your child have poor eyesight, hearing loss, speech impediment, etc? Y / N If yes, please explain:____

Has your child ever repeated grades? Y / N If yes, which grades?_______________________

Has your child ever been suspended or expelled? Y / N If yes, when?___________________

Please explain:____

____

Name of Schools Attended	Grade	Year	Reason for Leaving

Name of current school:________________________________ Phone:__________________

Address:__________________________City:_________________ State:_____ Zip:_________

Current Grade:__________ Still Attending? Y / N Last grade completed:__________

What do you perceive as your child's current academic needs?____________________________

____

You are now ready to submit your application!
You can submit your application by fax, email, or mail.

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Email: **admissions@legacyboysacademy.com**