

VISION BOYS ACADEMY

APPLICATION FOR ADMISSION

(Please complete entire application)

Please
Attach
Current
Picture
Here

Application for year beginning _____ and ending _____ (1 Year Minimum)

Name of person making application: _____

Phone: _____ Relationship to Child: _____

Email: _____

Applicant Information

Complete Legal Name of Child: _____

Name he prefers: _____ Social Security Number: _____

Age: _____ Current Grade: _____ Race: _____ U.S. Citizen: Yes/No

Birth Date: _____ Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Birthmarks/Scars: _____

Tattoos/Piercings: _____

Is your child presently living at home? Yes/ No If no, please explain: _____

Are you aware of any relatives or friends who might object to this placement? Yes/ No

If yes, please explain: _____

Have you ever made an application to another institution? Yes/ No Where and When? _____

Parent Information (If deceased, please note date and cause)

Legal Guardian/Father's Name: _____ **DOB:** _____

Home Address: _____

Occupation: _____ Monthly Income: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email: _____

Legal Guardian/Mother's Name: _____ **DOB:** _____

Home Address: _____

Occupation: _____ Monthly Income: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email: _____

Step-Father's Name: _____ **DOB:** _____

Occupation: _____ Monthly Income: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email: _____

Step- Mother's Name: _____ **DOB:** _____

Occupation: _____ Monthly Income: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email: _____

If student is allowed contact with biological parents, please fill out the following:

Biological Father's Name: _____ **DOB:** _____

Home Address: _____

Home Phone: _____ Cell: _____

Email: _____ Type of contact allowed: _____

Biological Mother's Name: _____ **DOB:** _____

Home Address: _____

Home Phone: _____ Cell: _____

Email: _____ Type of contact allowed: _____

Family Information

Please list all brothers, sisters, step-brothers and step-sisters:

Name	Age	Relation	Currently Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grandparents

Paternal Grandfather: _____ **Phone:** _____

Address: _____

Paternal Grandmother: _____ **Phone:** _____

Address: _____

May child have contact with paternal grandparents? _____

Maternal Grandfather: _____ **Phone:** _____

Address: _____

Maternal Grandmother: _____ **Phone:** _____

Address: _____

May child have contact with maternal grandparents? _____

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: _____

Emergency Contact:

Name: _____ Relationship to student: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell: _____ Email: _____

References:

Church Name: _____ Phone: _____

Church Address: _____

Pastor's Name: _____ Phone: _____

Divorce/Separation History

Are parents divorced? Yes/No If yes, when? _____ Who has custody? _____

Can child have contact with both parents? Yes/No If no, please explain: _____

Has the divorce or separation been an issue for your child? Yes/No If yes, explain: _____

Any past or current custody battles? Yes/No If yes, explain: _____

Have either parent remarried? Yes/No

Has this been an issue with your child? Yes/No If yes, please explain: _____

Adoption

Was your child adopted? Yes/No If yes, when? _____ Age? _____

Where was your child adopted from? _____ Previous adoption homes? Yes/No

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

Has the adoption been an issue for your child? Yes/No If yes, explain: _____

Do they know information about their biological parents? Yes/No If yes, explain: _____

Have the biological parents been involved? Yes/No If yes, explain: _____

Reason for making application

What are you child's current behavior problems? _____

Please evaluate by checking the appropriate spaces:

Personality: _____ Below Average _____ Average _____ Above Average _____ Superior

Morals: _____ Low _____ Average _____ Above Average _____ Excellent

Appearance/Grooming: _____ Sloppy _____ Average _____ Neat _____ Attractive

Mental Alertness: _____ Dull _____ Average _____ Sharp _____ Superior

Tact: _____ Immature _____ Average _____ Keen Awareness _____ For feelings of others

Cooperation: _____ Indifferent _____ Self-centered _____ Socially Concerned
_____ Deeply Concerned

Dependability/Integrity: _____ Questionable _____ Reliable

Character: _____ Weak/Up and Down _____ Average _____ Consistently dependable

Motivation: _____ Purposeless _____ Usually Purposeful _____ Highly Motivated

Initiative: _____ Merely Conforms _____ Self-Reliant _____ Actively Creative

Influence: _____ Negative _____ Limited Contributions _____ Judgment Respected

Leadership: _____ Retiring _____ Average _____ Makes Things Go

Responsibility: _____ Unreliable _____ Dependable _____ Seeks Responsibility

Emotional Stability: _____ Excitable _____ Well-Balanced _____ Unresponsive

Behavioral Background:

Has your child ever demonstrated aggressive or violent behavior? Yes/No If yes, please explain:

Has this child been involved in delinquent behavior or with the law? Yes/No

Nature of the problem? _____

Has your child ever talked about, threatened, or attempted suicide? Yes/No If yes, please explain:

Does this child have any history of violence toward self or others? Yes/No If yes, please explain:

Has your child had any changes in behavior or mood? Yes/No If yes, please explain:

When did these changes occur? _____

Has your child discussed any abnormal thoughts? Yes/No If yes, please explain:

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

Child's Special Needs: _____

Nervous habits: _____

Sleeping at night: _____

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

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

Has this child lied to you? _____ How many times? _____

Has this child used illness to miss school or to get out of responsibilities? _____

How often? _____

Please check any of the following problems which this child has had:

<input type="checkbox"/> Drugs	<input type="checkbox"/> Rock Music	<input type="checkbox"/> New Age
<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Pornography	<input type="checkbox"/> School Work
<input type="checkbox"/> Sex	<input type="checkbox"/> Talking Back	<input type="checkbox"/> Thoughtlessness
<input type="checkbox"/> Lying	<input type="checkbox"/> Flirting	<input type="checkbox"/> Cursing
<input type="checkbox"/> Manipulating	<input type="checkbox"/> Loner	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Stealing	<input type="checkbox"/> Loud	<input type="checkbox"/> Occult
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Cheating	<input type="checkbox"/> Blames Others
<input type="checkbox"/> Laziness	<input type="checkbox"/> Moody	<input type="checkbox"/> Ill-Mannered
<input type="checkbox"/> Uncleanliness	<input type="checkbox"/> Bashful	<input type="checkbox"/> Fakes Illness
<input type="checkbox"/> Immorality	<input type="checkbox"/> Careless	<input type="checkbox"/> Self-Pity
<input type="checkbox"/> Immodesty	<input type="checkbox"/> Shy	<input type="checkbox"/> Makes Excuses
<input type="checkbox"/> Self-Control	<input type="checkbox"/> Destructive	<input type="checkbox"/> Refuses Correction
<input type="checkbox"/> Unfriendly	<input type="checkbox"/> School Attendance	<input type="checkbox"/> Argues
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Impolite	<input type="checkbox"/> Silent Treatment
<input type="checkbox"/> Deceiving	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Sarcasm
<input type="checkbox"/> Disobedience	<input type="checkbox"/> Selfishness	<input type="checkbox"/> Cries Easily
<input type="checkbox"/> Television	<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Pouts
<input type="checkbox"/> Throws Things	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Facial Expressions

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

How many times has your child ran away: _____ When? _____ Alone? () Yes () No

How long was he gone? _____ Did he call home? () Yes () No Distance traveled? _____

Who did he stay with? _____ Was your child involved in illegal activity? () Yes () No

If yes, please describe in detail: _____

What was the reason your child ran away? _____

Please give your evaluation of this child's attitude towards:

You, the parent or guardian: _____

School: _____

Church: _____

Correction and Discipline: _____

Social Relationships

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

Does your child prefer to be alone? Yes/ No Does your child get along well with others? Yes/ No

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? Yes/ No

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

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

Educational Background:

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

Elementary School: _____

Junior High: _____

High School: _____

Any learning difficulties: _____

Has your child ever been suspended or expelled? Yes/No If yes, when? _____

Please explain: _____

Name of current school: _____ Phone: _____

Current Grade: _____ Still Attending? Yes/No Last grade completed: _____

Was the student honorably released? Yes/No If no, please explain: _____

The quality of this student's work is () Excellent () Good () Fair () Poor

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

Medical Background:

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

<input type="checkbox"/> Childhood diseases	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Seizures
<input type="checkbox"/> Sinus	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Heart attack	<input type="checkbox"/> Enlarged heart	<input type="checkbox"/> Valve disease
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Emotional problems
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Gall bladder problems	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Bowel Disease
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Bloody stools	<input type="checkbox"/> Kidney stones
<input type="checkbox"/> Bladder problems	<input type="checkbox"/> Broken bones	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Drug Flashback	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Frequent Chest Colds	<input type="checkbox"/> Mumps	<input type="checkbox"/> Measles
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Venereal disease	<input type="checkbox"/> Pleurisy
<input type="checkbox"/> Malaria	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Weight loss of 10+ lbs
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tonsilitis
<input type="checkbox"/> Migraines	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Other

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

Please list any allergies: _____

Previous illnesses: _____

Physical or mental handicaps: _____

FAMILY HEALTH HISTORY – (Parents, Grandparents, Siblings)

- | | | | |
|--------------------|-------------------------------|-------------------------|------------------|
| () Allergies | () Venereal disease | () Mental disease | () Brain tumors |
| () Arthritis | () Epilepsy | () Heart disease | () Tuberculosis |
| () Cancer | () Diabetes | () High blood pressure | () Leukemia |
| () Kidney disease | () Drug or alcohol addiction | | |

Date of last Tetanus or DPT injection: _____

History of injuries: If any, give short account. If none, indicate "NONE."

History of surgeries: If any, When? What? If none, indicate "NONE."

List any current medications this child is on and the reasons: _____

Have you ever sought psychiatric or psychological counseling for this child? Yes/No

(If yes, please explain in a letter, including the circumstances and medications prescribed.)

Hearing and speech problems: _____

Vision: _____ wears glasses _____ needs glasses _____ no problems

Dental needs: _____ cavities _____ root canals _____ cleaning _____ no needs known

Date of last dental check-up: _____

Medical needs: _____

Date of last physical: _____

**Please make sure that all dental, medical and vision needs are taken care of prior to admittance. No appointments will be made for at least 6 months after your child has arrived unless it is deemed necessary.

Past or recent tobacco, alcohol or drug use? Yes/No If yes, please explain? _____

Family History of substance abuse? _____

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? _____

Specific History of Abuse

Sexual, Physical, Emotional – Please 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: _____

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 Vision Boys Academy? _____

What do you see as your child's estimated stay at Vision Boys Academy? _____

How do you plan to be involved with your child's growth while at Vision Boys Academy? _____

What is your child's perception of being placed at Vision Boys Academy? _____

What do you see your child's and your family's goal of sending him to Vision Boys Academy? _____

Please give any other information about your child and his activities that have caused him to need the help the Lord provides here. Please give as much detail as possible. _____

FINANCIAL POLICY

Monthly tuition at **Vision Boys Academy** is \$2,500, for a total of \$30,000 for a year. In addition, parents are responsible for enrollment fee of \$1,000 which must be paid on the date of the student's arrival.

Total amount due on student's arrival: \$3,500.00

First Month's Tuition: \$2,500.00

Enrollment Fees: \$1,000.00

-Registration & Enrollment (\$500)

-Uniforms (\$250)

-Medical Escrow (\$100)

-Necessities (\$150)

Subsequent monthly tuition payments of \$2,500 are due as determined by the enrollment date. Please plan for your payment to arrive no later than the due date. **Vision Boys Academy** is a non-profit ministry. Thus the school is dependent upon prompt payment for tuition and other charges. If at any time your child's tuition account becomes delinquent for a period of sixty (60) days, Vision Boys Academy will view this as your statement that you no longer desire to have your child enrolled in the Vision Boys Academy, and that you wish to withdraw your child.

If a parent withdraws a student before the contract is up or if the student is withdrawn for financial reasons as listed above, there will be a \$2,000 early withdrawal fee added to the student's bill. If Vision Boys Academy expels a student for non-financial reasons, then this fee does not apply. There are no refunds given for tuition or enrollment fees.

***Any other financial arrangements will need to be discussed with the Director prior to enrollment. Financial assistance may be available on a case by case basis.**

Medical Escrow:

A \$100 medical escrow must be established as preparation against possible medical expenses. Medical needs will be met from their account (appointments, prescriptions, etc.). It is required that this account be maintained at \$100. Whenever funds are spent from this account, the parent(s)/guardian(s) will be notified to reimburse the account.

Parent/Guardian

Date

Parent/Guardian

Date