

EDUCATIONAL INFORMATION

Current Grade Level: _____

List all schools (public and private) applicant has attended starting with the most recent.

1. School _____ Dates of Attendance: _____

Address: _____ Grade Level: _____

2. School _____ Dates of Attendance: _____

Address: _____ Grade Level: _____

3. School _____ Dates of Attendance: _____

Address: _____ Grade Level: _____

MEDICAL INFORMATION

Please describe the applicant's general health: _____

Last physical examination (date, doctor's name): _____

Current medications: _____

List any allergies to foods, drugs, or other substances: _____

Does the applicant have any history of epileptic or convulsive disorder? yes no

If yes, please describe: _____

Does the applicant have any medical problems or handicaps which might interfere with full participation in our program? yes no

If yes, please describe: _____

LEGAL HISTORY

Has the applicant been involved with the juvenile authorities? yes no

If yes, please give details and disposition: _____

Is the applicant currently on probation? yes no

Name of Probation Officer/Juvenile Court Counselor: _____

SUBSTANCE ABUSE INFORMATION

Has the applicant used substances? yes no not certain

If yes, please check the types of substances abused:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> prescription medications | <input type="checkbox"/> alcohol |
| <input type="checkbox"/> cocaine | <input type="checkbox"/> heroin |
| <input type="checkbox"/> inhalants | <input type="checkbox"/> ecstasy |
| <input type="checkbox"/> methamphetamine | <input type="checkbox"/> marijuana |
| <input type="checkbox"/> other (please list) | |

Describe frequency of use: _____

REFERRAL SOURCE

Referred by: _____	Agency: _____
Address: _____	
City: _____	State: _____ Zip: _____
Office _____	Cell Phone: _____
Email: _____	

PARENT/LEGAL GUARDIAN SIGNATURE

Signature: _____	Date: _____
------------------	-------------

Along with this application, the following should be submitted for review:

- All recent diagnostic evaluations (psychologist/psychiatrist)—within the last three years
- Previous treatment reports, including hospital admission/discharge reports
- School records from most recent school placement (Transcript or Report Card)
- IEP for applicants with special education needs

Please send the completed application and accompanying information by mail, fax or e-mail:

Three Springs - North Carolina
Attn: Nikia Bland
Mailing: P. O. Box 1370 * Pittsboro, NC 27312
FedEx/UPS: 2480 Hadley Mill Road * Pittsboro, NC 27312
Phone: (919) 542-1104 Fax: (919) 542-5565
nikia.bland@threesprings.com