

EDUCATION HISTORY—list all schools and years/grades enrolled:

Name/Location:	Grade/Year(s) enrolled
Reason for leaving:	
Name/Location:	Grade/Year(s) enrolled
Reason for leaving:	
Name/Location:	Grade/Year(s) enrolled
Reason for leaving:	
Please describe any suspensions or expulsions (attach information if needed):	

MEDICAL INFORMATION

Date of last physical	Please describe findings:
Current medications/dosages:	
List any serious allergies to foods, drugs, or other substances:	
Does the student have any history of seizures or brain injury?	YES NO
If yes, please describe:	
Does the student have any medical problems or handicaps which might interfere with full participation in school activities?	YES NO
If yes, please describe:	
Is there a history of eating disorders?	
If yes, please describe, including interventions:	
Does your daughter have any special dietary needs?	YES NO
If yes, please explain:	

LEGAL HISTORY

Has the student ever been arrested or charged with any infraction, or required legal intervention?	YES NO
If yes, please give details and disposition:	

SUBSTANCE ABUSE INFORMATION

Has the student used substances?	YES NO NOT CERTAIN
If yes, please list types of substances abused:	marijuana prescription medications alcohol cocaine heroin inhalants ecstasy methamphetamine huffing designer (such as Spice) other (please list)
Describe frequency of use (if known):	

PRESENTING PROBLEM

Does your daughter have a history of self-harm (such as cutting) or suicidal thoughts? If yes, please explain and describe current status of this condition:

Please describe the recent events or behaviors that have brought about this application for enrollment at Aldern?

Briefly describe what you hope Aldern Academy can accomplish for the applicant:

TREATMENT HISTORY—list all therapeutic interventions, programs, mental health or substance abuse treatment the applicant has undergone. Please use an extra sheet of paper if necessary. List in order of most recent first.

Facility/Provider:					Dates of treatment:
Type of Treatment	hospitalization substance abuse	out-patient residential treatment center	day treatment	wilderness other:	therapist
Facility/Provider:					Dates of treatment:
Type of Treatment	hospitalization substance abuse	out-patient residential treatment center	day treatment	wilderness other	therapist
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Type of Treatment	hospitalization substance abuse	out-patient residential treatment center	day treatment	wilderness other	therapist

By signing this document, I acknowledge the above information to be accurate and complete regarding the applicant, and that no pertinent information has been withheld.

Name and Date:

Along with this application, the following must be submitted for review before final acceptance can be made:

- All neuro/psycho-educational and diagnostic evaluations (we may require updated testing)
- Previous evaluations and treatment reports, including hospital admission/discharge reports
- School records from most recent school placement
- IEP and 504 Accommodation Plans for students with Special Education or accommodation needs
- Custody documentation (as necessary)
- Signed Consents for Release of Information (copy extra as needed)

We strongly recommend a site visit by parents and the student prior to enrollment.
Please call to set up a tour after you have submitted your paperwork.



CONSENT FOR RELEASE OF STUDENT INFORMATION

Student Name:

DOB:

Grade:

SSN#:

I hereby authorize:

**Aulder Academy
990 Glovers Grove Church Road
Siler City, NC 27344
919-837-2336
beth.ragland@sequelyouthservices.com
auldern.admissions@sequelyouthservices.com**

and (specify person(s) or organization with complete address, email address, and/or telephone number):

to release specified information from my record(s) to each other and to communicate in conjunction with the information released throughout my enrollment at Aulder Academy.

This information shall include:

- School Transcripts**
- Academic Progress Reports**
- Clinical Information**
- Immunization Records**
- Medical Treatment Records**
- Sobriety Information**
- Other (describe)**

The doctrine of informed consent has been explained to me, and I understand the information to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 365 days from the date of my signature below.

Student's signature (over 18)

Date

Parent/Legal Guardian's signature

Date