TAMASSEE
DAR SCHOOL

P.O. Box 8
Tamassee, SC 29686
ph: 864.944.3022
fx: 864.944.2004

Application for Admission

Date:

Person/Agency making application:		Address (Street)
Relationship:	Phone:	*(City,State,Zip)*
Reason for referral:		

Section I: Student Information

Name of Student:

Last Name	*First Name*	*Middle Name*	*Nickname*
Address:		City,State,Zip County	

Social Security Number	Date of Birth	Sex	Race	Place of Birth County:	State:

Height:	Weight:	Eye Color:	Medicaid Number:

Insurance Company:	Insured:
Policy/Group No:	Employer:
Insurance Company Address:	

In case of an emergency, list two people to notify:

Name, Relationship:	Name, Relationship:
Address:	Address:
Phone:	Phone:

√	Please attach copies of the following:				
	Medical Histories		Physical Examination Records		Immunization Records
	Social Summaries		Reason for Agency Involvement		Significant Court Records
	Psychological		Child/Family Therapy Records		Social Security Card
	Birth Certificate		Last School Report Card		School Testing Results
	Photo of Student				

(Use additional sheets of paper as needed to report all requested information)

Section II: School

Last School Attended and Address:	Contact Person:		
	Phone:	Fax:	
	Present Grade	Ever Repeated?	Which Grade/s?

Has student ever been suspended from school? ____ No Yes ____ (If yes, please explain.)

When and Why:

√	Classification Based on School Testing					
	Learning Disabled (LD)		Accelerated Classes		Resource Class	Other:
	Educable Mentally Handicapped		Emotionally Handicapped		Average Level	
	Physically Handicapped		Self-Contained Classes			

Does the student participate in athletic, extracurricular, and/or social events? ____ No ____Yes (If yes, please explain)

Section III: Family

Name of Father:		Name of Mother:	
If deceased, give date, place and cause:		If deceased, give date, place and cause:	
Complete mailing address:		Complete mailing address:	
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Name of Employer:		Name of Employer:	
Complete Address:		Complete Address:	
Occupation:		Occupation:	

√	Status of Parents			
	Living together		Father deserting	
	Living apart		Both parents deserting	
	Not married to each other		Legally Separated	
	Divorced		Mother deceased	
	Mother deserting		Father deceased	

Sibling Information: *(List the names, addresses and phone numbers of siblings, use grandparents if no Siblings)*

Name	Phone	Relation	Address

References: *(List names, address and phone number of three persons, other than relatives, who know the student.)*

Name	Phone	Mailing Address

Use the following space to write in your own words the events in the family that led to the present situation. Use additional sheets as needed.

Section IV: Placement History *(List in chronological order (most recent first))*

Date	Placement

Section V: Health History

√	Previous Illness	Age	√	Previous Illness	Age	√	Previous Illness	Age
	Chicken Pox			Pneumonia			Anorexia	
	Diphtheria			Bronchitis			Typhoid	
	Mumps			Sinus Infection			Rheumatic Fever	
	Measles			Epilepsy			Encopresis	
	Scarlet Fever			Mastoiditis			Bulimia	
	Whooping Cough			Hernia			Diabetes	
	Infantile Paralysis			Chorea				

√	Is child subject to?	Predicating Circumstances and Outcome	Medications
	Abdominal Pains		
	Constipation		
	Diarrhea		
	Frequent Colds		
	Sore Throat		
	Ear Trouble		
	Headaches		
	Dizzy Spells		
	Fainting Spells		
	Convulsions		
	Nightmares		
	Sleepwalking		
	Temper Tantrums		
	Asthma		
	Hay Fever		
	Eczema		
	Other(Specify)		

Surgical Procedures

Procedure	Date	Procedure	Date

Medical

Dr. Name, Address, Phone	Date last exam:
	Special problems:

Eyes

Dr. Name, Address, Phone	Date last exam:	
	Corrective lens?	Full time?

Dental

Dr. Name, Address, Phone	Date last exam:
	Special problems:

Medications

Medication	Dosage	Medication	Dosage

Student History

Has this student ever been dealt with by the law for misconduct? ____ No ____ Yes *(if yes, please explain.)*

Has this student ever been involved in any form of drug/alcohol abuse? ____ No ____ Yes *(if yes, please explain.)*

Has this student ever been involved in any form of sexual misconduct? ____ No ____ Yes *(if yes, please explain.)*

Has this student and/or family ever been involved with the Department of Social Services? ____ No ____ Yes *(if yes, please explain.)*

Please write in your own words what goals you wish to reach with your child by placing him/her at Tamassee: (Please include such things as attitude; morals, honesty, academic achievement, participation in social events, leadership, etc.).

How did you hear about Tamassee DAR School?

√		√	
	DSS		DJJ
	Church		School
	Friend		Former Student
	Other *(please specify):*		

We appreciate your interest in seeking placement with us. We will shortly contact you to set an interview date and time.

Tamassee DAR School does not discriminate on the basis of race, color, national origin, sex, age, or disability.
(Not all prohibited bases apply to all programs.).

Please make sure you have completed all information requested in this application to speed processing time.

Please read carefully

I hereby certify that to the best of my knowledge and belief the answers provided by me to the foregoing questions and to all statements made by me in this application are true and correct.

Date

Signature of person making application

Best time to contact me concerning this application:

(Please indicate Day, Time and phone number)