



**Glenwood Academy**  
500 W. 187<sup>th</sup> St  
Glenwood, Illinois 60425

**Application**

Date of application: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birth Place: City/State: \_\_\_\_\_

Student's Gender Male Female Student's Race \_\_\_\_\_

Student's social security number: \_\_\_\_\_

Is the applicant a U.S. Citizen? Yes No

Does the student have a temporary VISA? Yes No

How did you hear about Glenwood Academy (source)? Please circle

Family Friend Church School Counselor Internet Flyer Student Alumni

Have you ever applied to or attended Glenwood? Yes No

**Does the student have siblings/relatives who attend now? Yes No**

**List names:**

List all the student's siblings:

Student's Brothers and Sisters \_\_\_\_\_ Age and Grade \_\_\_\_\_

—  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student aware of enrollment? Yes No

Please describe your student's level of motivation to attend Glenwood Academy:

Unsure Motivated Highly Motivated Not Interested

**Parent or Legal Guardian information:**

**Biological Mother's Name** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Level of Education: Middle HS Some College Degree: \_\_\_\_\_

Marital Status: Single, Separated, Married, Divorced, Widowed

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Biological Father's Name** \_\_\_\_\_

Marital Status: Single, Separated, Married, Divorced, Widowed

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Level of Education: Middle HS Some College Degree: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Guardian or Stepparent's Name** \_\_\_\_\_

Marital Status: Single, Separated, Married, Divorced, Widowed

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Level of Education: Middle HS Some College Degree: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Total number of household members:** \_\_\_\_\_

**Employment:**

Employed:    Yes    No                      Current Student:    Yes    No

**Employers Name:**

Mother's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**What is the total household income?** \_\_\_\_\_

**Does your student have a psychological or psychiatric evaluation?**    Yes    or    No

**Does your applicant have a diagnosis?**    Yes    or    No    Diagnosis \_\_\_\_\_

Identify issues: **Circle all that apply**

Run away    Alcohol/drug problems    Physical harm to self/threats    Receives counseling

Hospitalized for emotional problems    Physical harm to others/threats    Received counseling in past

**Circle any health illnesses that apply:**

Asthma    Bronchitis    Need inhaler    Bed Wetting    Eczema    Other health problems

Prescribed medication    Name of medication(s) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Has your student traveled or lived in other states or countries?    Yes    No

Identify:

Does your student speak any language other than English?    Yes    No

Identify:

What is the primary language spoken at home? \_\_\_\_\_

Is your student (family) involved in any faith/cultural community?    Yes    No

Identify:

**Present School:** \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School's City/State \_\_\_\_\_ School District \_\_\_\_\_

Grade applying for \_\_\_\_\_

Is your student in good standing with his/her current school? Yes No

Current grades: Above, average, below

Are there current test scores available? Yes No

Are there report cards available? (2 years) Yes No

Length of stay at current school: \_\_\_\_\_

**Circle any behaviors that apply in school:**

Academic problems Attendance problems Suspensions # of times ( ) Expulsions ( )

Special Ed IEP 504 Plan ADHD/ADD Learning Disorder Self-contained classroom

Impulsivity Conduct/Behavior Receives counseling in school Receives counseling outside

**Has your student faced any significant challenge(s)?** Yes No

**Please identify:** Run away Substance use Physical harm to: (self or others)

Hospitalization Counseling/therapy Depression Anger Abandonment Grief Other

List other: \_\_\_\_\_

Relationship problems with: Peers Parents Teachers Authority Sibling(s)

Please identify problems: \_\_\_\_\_

**What is my student's presenting problem or family problems? I am seeking admissions to Glenwood for my student because:**

---

---

---

---

**Please provide us with any additional insight that would be helpful for us to know as we review this application:**

---

---

---

---

