



Glenwood Academy
500 W. 187th 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: _____

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:
