

9th - 12th Grade Program Application

Date:			
Neighborhood School: High ☐ Nort	h 🗌 School ID	#:	
Student Name:	(Goes	Ву):	· · · · · · · · · · · · · · · · · · ·
Grade: Date of Birth:	Age:	Gender:	
Are you on an IEP/504 Yes □ No □?			
If yes, which one are on? \square	or 504 🗆		
Parent/Guardian Name:			
Address:	,		
Street	City	2	Zip Code
	•		
Parent/Guardian Contacts: Home #:	_ Work #:	Cell #:	
Parent/Guardian Email Address:			
Student's Cell #: Student's	Email Address	•	

Describe your stud	dent's needs.		
		-	
When did you first	become concerned about your stu	udent?	?
Student's School	ol History		
GRADE	NAME OF SCHOOL		If you had concerns in this grade, what were they?
Eighth Grade			
Ninth Grade			
Tenth Grade			
Eleventh Grade			
Twelfth Grade			
Been Retained?	Yes No I	fyes	s, what grade?
Been Suspended	l? Yes □ No □		
If yes, why? _			
Missed school a lo	t due to health or other reasons? _		
How does your stu	dent's current academic progress	comp	are to last year?
Ве	est Subjects		Worst Subjects
		 	

Student's Social Activities

Hobbies?
Sports, recreational activities?
Clubs?
Interests/talents?
Work experience?
Family activities?
Student's Family History
Does your student become angry often? Yes \square No \square
If so, how do they show it?
Do you have concerns that your student is using drugs or alcohol?
Yes \square No \square Has your student had any problems with the police or
juvenile authorities? Yes □ No □
If yes, describe:
Has your student been seen by a mental health provider? Yes \Box No \Box
Describe (who, when, where and why):

Describe your student's relationships with:

Parents/Guardians:					
	11 - 12 - 14 - 14 - 14 - 14 - 14 - 14 -		•••		
	· · · ·			 	
			• .		
Siblings:	, <u>, , , , , , , , , , , , , , , , , , </u>				
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Peers their own age:					
	•				
What do you hope to re-	,,				
· · · · · · · · · · · · · · · · · · ·	·	9.4			
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				• .	
		•			
What is it that you would		· .			
What is it that you would		nplished?			
What is it that you would		· .			
What is it that you would		· .			
What is it that you would		· .			
What is it that you would would student's Signature:		· .		Date:	
		· .		Date:	
Student's Signature: _		· .			
		· .		Date:	
Student's Signature: _		· .			
Student's Signature: _		· .			
Student's Signature: _		· .			
Student's Signature: _		· .			
Student's Signature: _		· .			

Student Written Essay

Student's Name:	Date:				
Below, in your own handwriting, describe why you think Dimensions is what is needed for your educational placement. Tell us why you have been referred to our program, what areas you found troublesome in your home school, and how you think Dimensions will be different. Also, tell us what you plan to do to help yourself be successful while you are with us.					
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MP 12/2021					