



# DIMENSIONS ACADEMY

9th - 12th Grade Program Application

Date: \_\_\_\_\_

Neighborhood School: High  North  School ID #: \_\_\_\_\_

Student Name: \_\_\_\_\_ (Goes By): \_\_\_\_\_  
Last Name First Name

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you on an IEP/504 Yes  No ?

If yes, which one are on? IEP  or 504

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian Contacts: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Student's Email Address: \_\_\_\_\_

Describe your student's needs.

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When did you first become concerned about your student?

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**Student's School 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  If yes, what grade? \_\_\_\_\_

Been Suspended? Yes  No

If yes, why? \_\_\_\_\_

Missed school a lot due to health or other reasons? \_\_\_\_\_

How does your student's current academic progress compare to last year?

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Best 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     No

If so, how do they show it? \_\_\_\_\_

Do you have concerns that your student is using drugs or alcohol?

Yes     No  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     No

Describe (who, when, where and why): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe your student's relationships with:**

Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_

Siblings: \_\_\_\_\_  
\_\_\_\_\_

Peers their own age: \_\_\_\_\_  
\_\_\_\_\_

What do you hope to receive from our program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is it that you would like to see accomplished?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

