



# 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**

<b>GRADE</b>	<b>NAME OF SCHOOL</b>	<b>If you had concerns in this grade, what were they?</b>
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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<b>Best Subjects</b>	<b>Worst Subjects</b>

## 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:** \_\_\_\_\_

