



Student Information

Name _____ Sex _____
Date of Birth ___/___/___ Age ___ Place of Birth _____ Citizenship _____ SSN ___-___-___
Mailing Address: _____

Current Residence Address _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ ID Marks _____
Drivers License Number (if applicable) _____ Last Grade Completed _____

Father Information

Name _____ Home Phone () _____ Work Phone () _____
Mailing Address _____

Current Residence Address _____

Employer Name and Address _____
Education _____ Date of Birth _____ SSN ___-___-___
Occupation _____
Other contact numbers () _____ () _____ E-Mail _____

Mother Information

Name _____ Home Phone () _____ Work Phone () _____
Mailing Address _____

Current Residence Address _____

Employer Name and Address _____
Education _____ Date of Birth _____ SSN ___-___-___
Occupation _____
Other contact numbers () _____ () _____ E-Mail _____

Stepfather Information

Name _____ Home Phone () _____ Work Phone () _____
Mailing Address _____

Current Residence Address _____

Employer Name and Address _____
Education _____ Date of Birth _____ SSN ___-___-___
Occupation _____
Other contact numbers () _____ () _____ E-Mail _____

Stepmother Information

Name _____ Home Phone () _____ Work Phone () _____

Mailing Address _____
_____Current Residence Address _____

Employer Name and Address _____

Education _____ Date of Birth _____ SSN ____ - ____ - ____

Occupation _____

Other contact numbers () _____ () _____ E-Mail _____

Legal Guardian Information

Name _____ Home Phone () _____ Work Phone () _____

Mailing Address _____
_____Current Residence Address _____

Employer Name and Address _____

Education _____ Date of Birth _____ SSN ____ - ____ - ____

Occupation _____

Other contact numbers () _____ () _____ E-Mail _____

Additional Legal Guardian Information

Name _____ Home Phone () _____ Work Phone () _____

Mailing Address _____
_____Current Residence Address _____

Employer Name and Address _____

Education _____ Date of Birth _____ SSN ____ - ____ - ____

Occupation _____

Other contact numbers () _____ () _____ E-Mail _____

Other person to be notified in case of Emergency

Name _____ Home Phone () _____ Work Phone () _____

Mailing Address _____
_____Current Residence Address _____

Employer Name and Address _____

Education _____ Date of Birth _____ SSN ____ - ____ - ____

Occupation _____

Other contact numbers () _____ () _____ E-Mail _____

Referral Source

Pastor ____ Friend ____ Relative ____ Graduate ____ Professional ____ Website ____ Other ____

Name _____ Occupation _____

Address _____ Phone _____

Do you want this person to be contacted by us? Yes ____ No ____ Other ____

Siblings Information

Name of Siblings Relationship (step/birth/adoption) Age Current Residence/ Custody

Family of Origin Status: Intact Separated Divorced Single Never Married Living Together Other

Who has Legal Custody? Check all that apply and explain the custody arrangement. List legal names.

Biological Mother _____

Biological Father _____

Stepmother _____

Stepfather _____

Adoptive Mother _____

Adoptive Father _____

Legal Guardian _____

Court _____

State of _____ _____

Other _____

Has the student ever been involved with Juvenile or Family Court? _____ If so, list why.

If the student or family is involved with the legal system in any way, please describe.

Notice

If custody is other than (1) both parents (married or intact relationship), or (2) single-parent family, the decree of divorce indicating custody and visitation must be attached. If the student is on probation or in the State's custody, court documentation must be attached. Include adoption papers if applicable.

Notes and / or additional comments:

Spiritual History

What is the student's family religion? _____
Do you attend church? _____ If so, which one? _____
Describe your church atmosphere. _____
How often do you go? _____
Does the student attend with you? _____
Are you involved in ministry or church leadership? _____
Is the student involved in a youth group? _____
Does the student consider herself a Christian? _____ If so, has she been baptized? _____

Does she consider herself 'Spirit Filled'? _____
Has the student ever expressed a calling to ministry? _____ If so, explain. _____

Has the student ever been on a mission's outreach, either foreign or local? _____
Has she or anyone else in your family been involved in witchcraft, Satanism, or the occult? _____
If so, explain. _____
Does she practice any New Age spiritual activities? _____ If so, describe _____

Attendance to Lafayette First Assembly of God Church is an integral part of our program, are you familiar with the Assemblies of God? _____ How do you expect your daughter to respond to attending an A/G church? _____

The Evangel House® therapeutic model integrates Biblical teachings and Christian values. How do you anticipate the student will respond to this approach? _____

Presenting Problems

What problems led you to seek admission to Evangel House® Christian Academy [EHCA]? _____

When did the problems start? _____

What has been tried in the past to resolve this problem? _____

Therapeutic History

Has the student been receiving therapy or pastoral counseling? _____

If so, what type? Individual _____ Group _____ Family _____ Court Ordered _____ Other _____

Please list all professionals and pastoral counselors who have counseled and/or worked with your family.

Professional	From / To	Type of help	Diagnosis	Was it beneficial?

Please list all placements outside the student's natural home. Include all psychiatric facilities, boot camps, incar-

Placement	From / To	Type of help	Reason	Was it beneficial?

cerations, boarding schools, military academies, foster homes, or institutional settings.

Has the student ever engaged in self-harm behavior such as cutting? _____ If so, describe.

Has the student ever attempted to intentionally harm others or been violent in any way? _____ If so, describe.

Has the student ever experienced hallucinations, unreal thoughts, odd beliefs, or heard voices?

Is there a history of mental illness in the family or extended family? _____ If so, please describe.

Is the student currently on or has she ever been on any psychiatric medications? If so, complete the chart below.

Medication	Dosage	Frequency	Reason for Taking	How Long on Med?

Is the condition stabilized by the medication at this time? _____

Substance Abuse History

Does your daughter use drugs or alcohol? ____ Does she use tobacco? ____ If so, complete the chart below.

Name of Substance	How Often	How Much	Most recent Use	Any Withdrawals?

Has she recently experienced black outs or loss of consciousness from drug use that you know of?

Describe any known withdrawal symptoms experienced.

To your knowledge, has the student ever 'huffed' chemicals or abused inhalants?

Has she ever been admitted to a medical detox program? _____ If so, list when and where.

To your knowledge, has the student ever used intravenous drugs?

Abuse History

Has the student ever been physically abused or physically abused others? _____ If so, explain how and when.

Has the student ever been sexually abused or sexually abused others? _____ If so, explain how and when.

Has the student ever been mentally or emotionally abused or abused others in this manner? ____ If so, explain.

Has the student ever been spiritually hurt, abused or mistreated or done so to others? _____ If so, explain.

Academic History

Is the student currently attending school? _____ If so, where?

If the student is not currently attending school, explain why _____

What was the last grade completed? _____ Did the student complete the most recent semester with half credits? _____

Has there been a history of discipline problems, suspensions, or expulsions? _____ If so, explain.

Is the student involved in any extra-curricular school activities, clubs, or sports? _____ If so, explain. _____

What are the student's education & career goals? _____

Has the student ever been diagnosed with a learning or reading disorder? _____ If so, explain.

Has the student ever completed standardized achievement or IQ testing? _____ If so, please list the test and the resulting scores. _____

Has the student ever had an IEP evaluation through public school? _____

Has the student ever been involved with specialized tutoring or learning programs? _____ If so, explain.

Physical History

Is the student involved in any team sports or athletic activities? _____
If so, describe their position and how long they have been involved with the team.

Does the student have a physically active lifestyle? _____

Has the student regularly participated in a school physical education program? _____

Has the student been diagnosed as overweight or obese? _____

Do you suspect the student has an eating disorder or any type of body shame? _____ If so, explain.

In your opinion, does the student have healthy eating habits? _____

Does the student participate in a particular diet lifestyle such as vegetarianism, etc.? _____

How would you describe the student's sleeping habits? _____

Does the student manage personal hygiene well? _____

Does the student manage her appearance well? _____

List the student's personal interests, hobbies, and skills. _____

Is the student involved in the dramatic arts and/or play a musical instrument?

Does the student have any type of physical limitations or injuries? _____ If so, explain.

Are there any medical conditions or diagnosed illnesses that require routine management?

Social History

Does the student make friends easily?

What types of friends does the student usually choose?

Would you describe the student as a leader or a follower? _____

Is the student easily influenced? _____

Would you describe the student as socially awkward or immature in any way?

Do you perceive the student to be one who manipulates and takes advantage of others?

Is the student involved in dating relationships? If so, do you approve?

To your knowledge, is the student sexually active? _____

Is the student promiscuous with multiple partners? _____

Does the student have a history of bi-sexuality or homosexuality? _____

Has she ever become pregnant? _____ Has she ever had an abortion? _____

Has she ever placed a child for adoption? _____ If so explain.

Family Relationships

How does the student treat her family?

How does the family treat her?

Is the family supportive of her being placed here? _____ Why or Why not?

Is the student aware you are applying for admission?

Do you think the student will attend EHCA voluntarily?

In your opinion, does the student want help?

What does the family hope to see change?
