

**EAGLE SUMMIT STUDENT ADMISSION APPLICATION**

Student's Legal Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Birthplace \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Religious Preference \_\_\_\_\_  
Was Student Adopted? Yes \_\_\_ No \_\_\_ Age Adopted \_\_\_\_\_ Citizenship \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Identifying Marks \_\_\_\_\_

**REFERRAL INFORMATION**

How did you first hear about us? \_\_\_\_\_

If you were referred by a specific person, please provide the name of the person who referred you and their relationship to you or your child, e.g., educational consultant, therapist, school counselor, friend of family, Eagle Summit parent, etc. If you want this person to receive updates on your child, please initial here. \_\_\_\_\_

Name of Referral Source \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Father's Information**

Social Security No. \_\_\_\_\_ Legal Custody Yes \_\_\_ No \_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Father deceased: When \_\_\_\_\_ Where \_\_\_\_\_

Step-Father's Full Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

**MOTHER'S INFORMATION**

Social Security No. \_\_\_\_\_ Legal Custody Yes \_\_\_ No \_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
If Mother deceased: When \_\_\_\_\_ Where \_\_\_\_\_  
Step-Mother's Full Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

**MARITAL INFORMATION**

Are parents married? Yes \_\_\_ No \_\_\_ Date of marriage \_\_\_\_\_  
Are parents divorced? Yes \_\_\_ No \_\_\_  
If yes, who has legal custody? \_\_\_\_\_  
Date divorce final? \_\_\_\_\_

**A copy of all court orders and agreements relating to custody of the student need to be submitted prior to enrollment.**

**OTHER LEGAL GUARDIAN**

Legal Guardian or Person Placing Child in Care (if other than parent) Relationship \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Legal Custody Yes \_\_\_ No \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Please list all educational consultants, psychologists, counselors/therapists, and probation officers who are currently working with the student.**

Name \_\_\_\_\_ Updates Yes \_\_\_ No \_\_\_  
Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Nature of Service \_\_\_\_\_

Name \_\_\_\_\_ Updates Yes \_\_\_ No \_\_\_  
Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Nature of Service \_\_\_\_\_

**I/We hereby authorize the above professional(s) to release information regarding the above named student to Eagle Summit and authorize Eagle Summit to release information regarding the student to the professionals indicated above.**

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OUT-OF-HOME PLACEMENT (if applicable)**

Please list placements outside of the home: boarding schools, foster homes, psychiatric hospitalizations, etc.

Name and Location \_\_\_\_\_ Consulting Professional \_\_\_\_\_

Dates of Placement: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Placement and Subsequent Departure \_\_\_\_\_  
\_\_\_\_\_

Name and Location \_\_\_\_\_ Consulting Professional \_\_\_\_\_

Dates of Placement: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Placement and Subsequent Departure \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL ASSESSMENT OF STUDENT**

1. Describe the student's current behavior at home, your explanation for this behavior (your opinion), and how long has this behavior persisted? \_\_\_\_\_

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2. Please provide any information about your family that would be helpful in assessing the student's needs, including family history and relationships. \_\_\_\_\_

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3. If student is not living with biological parents, please explain why and describe the student's relationship and communication with biological parents. \_\_\_\_\_

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4. Describe the student's attitude toward and performance in school, including current and prior schools.

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How long has this behavior persisted? \_\_\_\_\_

5. Describe any traumatic events or major changes in the student's life. \_\_\_\_\_

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6. Describe the student's relationship with peers. \_\_\_\_\_

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7. Describe the student's willingness to accept responsibility. \_\_\_\_\_

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8. Describe the student's methods for expressing anger and disappointment. \_\_\_\_\_

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9. Describe your goals for the student. \_\_\_\_\_

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10. List the student's positive qualities, interests and accomplishments. \_\_\_\_\_

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11. Has the student ever experienced or exhibited any of the following? (If yes, please provide specific details.)

Arson or fire setting? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_ Police Intervention Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_

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12. Cruelty to animals? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_

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13. Drug and/or alcohol use? (Describe type, if known, and frequency: experimental, moderate, heavy).

Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_

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14. Self-abusive behavior? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Medical Intervention Required Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_

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15. Suicide discussion, threat or attempt? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Medical Intervention Required Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_

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16. Assaultive/aggressive behavior? (Describe toward whom: parents, other adults, siblings, peers)

Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_

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17. Did any of your child's actions necessitate police intervention? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is child on probation? Yes \_\_\_\_ No \_\_\_\_ Date Probation Ends \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Running away? (How many times and for how long?) Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the student contact you while away? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Eating disorder? (If yes, please explain and list any medical intervention.) Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Sexual activity? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Physical/sexual abuse? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Was there a witness to the abuse? Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Held back a grade, expelled or withdrawn from school? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Has the student ever taken any special education classes? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Does student have an independent education plan? Yes \_\_\_\_ No \_\_\_\_ (Please include with application.)

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Has the student been diagnosed with learning difficulties? Yes \_\_\_\_ No \_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

27. Describe any sudden shifts in academic performance. When did these occur? Are you aware of any precipitating factors? Explain \_\_\_\_\_

\_\_\_\_\_

28. Please list any additional comments regarding the student's behavior. \_\_\_\_\_

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\_\_\_\_\_

**EAGLE SUMMIT ACADEMIC RECORDS RELEASE**

Name of Student \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all middle, junior and senior high schools attended (most recent first) with complete addresses and phone numbers.

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Highest Grade Completed \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Highest Grade Completed \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Highest Grade Completed \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Highest Grade Completed \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I/We hereby grant permission to release school transcripts to Eagle Summit for the above named student. Permission is granted to release the following records: official transcript of credit; withdrawal guides, including

incomplete classes, special education records; IEP's; test data; health records; disciplinary records; counseling information and records pertaining to psychiatric or psychological evaluations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL HISTORY**

**This section is to be completed by a parent or guardian.**

Is the student currently on any medications? Yes \_\_\_\_ No \_\_\_\_ (If yes, list medications and dosage)

Medication	Dosage/Schedule	Purpose of Medication	Prescribed by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List Medication History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES**

Does the student have any allergies? Yes \_\_\_\_ No \_\_\_\_

Is the student allergic to any of the following?

Penicillin \_\_\_\_ Sulfa Drugs \_\_\_\_ Iodine \_\_\_\_ Aspirin \_\_\_\_

Other Drugs (Describe) \_\_\_\_\_  
\_\_\_\_\_

Bee/Wasp/Hornet Sting? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_

Does student require a kit? Yes \_\_\_\_ No \_\_\_\_

Food or other allergies (Describe) \_\_\_\_\_

Other reactions (Hives, Hay fever, Eczema, Asthma, Etc.) \_\_\_\_\_

Has the student ever been hospitalized? Yes \_\_\_\_ No \_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_ Attending Physician \_\_\_\_\_

Does the student wear glasses? Yes \_\_\_\_ No \_\_\_\_ Contacts? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach prescription. Due to outdoor conditions, Eagle Summit requires that students wear glasses unless they already appropriately manage and care for their contacts.

Does the student wear dentures? Yes \_\_\_\_ No \_\_\_\_ Braces? Yes \_\_\_\_ No \_\_\_\_ Retainers? Yes \_\_\_\_ No \_\_\_\_

If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student experienced any of the following?

Bed wetting / Age \_\_\_\_\_ Nail biting / Age \_\_\_\_\_ Nightmares / Age \_\_\_\_\_

Stuttering / Age \_\_\_\_\_ Tics / Age \_\_\_\_\_ Encopresis / Age \_\_\_\_\_

Head banging / Age \_\_\_\_\_ Other (Explain ) \_\_\_\_\_

Has the student been diagnosed with any of the following? (Please list age of occurrence next to condition.)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Hepatitis C       | <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Frequent Colds/Sore Throat   |
| <input type="checkbox"/> Mumps             | <input type="checkbox"/> Convulsions       | <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Heart Murmur                 |
| <input type="checkbox"/> German Measles    | <input type="checkbox"/> Bulimia           | <input type="checkbox"/> Bronchitis        | <input type="checkbox"/> Heart Disorder               |
| <input type="checkbox"/> Red Measles       | <input type="checkbox"/> Whooping Cough    | <input type="checkbox"/> Seizure Disorder  | <input type="checkbox"/> Bone Condition               |
| <input type="checkbox"/> Sickle Cell Trait | <input type="checkbox"/> Constipation      | <input type="checkbox"/> Dermatitis        | <input type="checkbox"/> Meningitis, Encephalitis     |
| <input type="checkbox"/> Anemia            | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Hearing Loss      | <input type="checkbox"/> High Blood Pressure          |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Frostbite         | <input type="checkbox"/> Rheumatic Fever   | <input type="checkbox"/> Problem with Joints          |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Mononucleosis     | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Anorexia Nervosa             |
| <input type="checkbox"/> Ulcers            | <input type="checkbox"/> Muscle Weakness   | <input type="checkbox"/> Scoliosis         | <input type="checkbox"/> Poor Circulation Extremities |
| <input type="checkbox"/> Obesity           | <input type="checkbox"/> Herpes            | <input type="checkbox"/> HIV Positive/AIDS |   |
| <input type="checkbox"/> Hepatitis A       | <input type="checkbox"/> Sclerosis         | <input type="checkbox"/> Gonorrhea         | <input type="checkbox"/> Bladder/Kidney Infection     |
| <input type="checkbox"/> Hepatitis B       | <input type="checkbox"/> Polio             | <input type="checkbox"/> Syphilis          | <input type="checkbox"/> Frequent Ear Infections      |
| <input type="checkbox"/> Scarlet Fever     |  |  |   |

Have any of the student's close relatives ever had any of the following conditions?

CONDITION			RELATION TO STUDENT
Mental Disorder	Yes	No	_____
Tuberculosis	Yes	No	_____
Bleeding Disorder	Yes	No	_____
Epilepsy/Convulsions	Yes	No	_____
Cardiovascular Disease	Yes	No	_____
Diabetes	Yes	No	_____
Kidney Disease	Yes	No	_____
Cancer	Yes	No	_____
High Blood Pressure	Yes	No	_____
Muscle Disorder	Yes	No	_____

Any other familial illness? (Describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student ever had surgery? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Hospital \_\_\_\_\_ Attending Physician \_\_\_\_\_

Explain \_\_\_\_\_

Has the student ever broken a bone? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Explain \_\_\_\_\_

Hospital \_\_\_\_\_ Attending Physician \_\_\_\_\_

Please Describe \_\_\_\_\_

Has the student had any other serious injuries? Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

Hospital \_\_\_\_\_ Attending Physician \_\_\_\_\_

Injuries \_\_\_\_\_

List and explain any excessive fears the student has had (darkness, thunder, death, etc.) and at what age these fears were experienced. \_\_\_\_\_

Does the student have a drug/alcohol abuse problem? Yes \_\_\_\_ No \_\_\_\_ Previous treatment Yes \_\_\_\_ No \_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

What known substances has student used and/or experimented? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent medical information not previously listed and any other important information relating to the health history of the student. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/WE HEREBY CERTIFY THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND CORRECT.**

Application Information provided by (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**When submitting this enrollment application, please be sure to include the following:**

- \_\_\_\_\_ Immunization record
- \_\_\_\_\_ Copy of your medical and dental insurance cards (front and back)
- \_\_\_\_\_ Physical exam completed within 30 days prior to admission (if not provided one will be done once enrolled at Eagle Summit)
- \_\_\_\_\_ Dental examination (must be completed within 6 months prior to admission)
- \_\_\_\_\_ Academic test results (if available)
- \_\_\_\_\_ Custody agreement (if applicable)
- \_\_\_\_\_ Copy of divorce decree (if applicable)
- \_\_\_\_\_ Probation court papers (if applicable)
- \_\_\_\_\_ Psychological test results (if available)

**EAGLE SUMMIT STUDENT PERSONAL INFORMATION**

Student's Legal Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION**

Step-Father's Legal Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Step-Mother's Legal Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**SIBLING INFORMATION**

List all brothers, sisters, step-brothers, and step-sisters of the student living in the same residence as the student.

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Birthdate \_\_\_\_\_ Biological \_\_\_\_ Adopted \_\_\_\_ By Marriage \_\_\_\_

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Birthdate \_\_\_\_\_ Biological \_\_\_\_ Adopted \_\_\_\_ By Marriage \_\_\_\_

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Birthdate \_\_\_\_\_ Biological \_\_\_\_ Adopted \_\_\_\_ By Marriage \_\_\_\_

**EXTENDED FAMILY**

Please provide contact information for other relatives or adults who may play a significant role with the student.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

**FINANCIAL SPONSOR**

Is there a financial sponsor other than parents? Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(In case of an emergency and parents cannot be reached.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

**PROBATION INFORMATION**

Is student currently on probation? Yes \_\_\_\_ No \_\_\_\_ Date probation ends \_\_\_\_\_  
(Please attach a copy of probation order.)

Probation officer's name \_\_\_\_\_ Progress updates: Yes \_\_\_\_ No \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Reason for probation and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special conditions of probation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENTS, RELEASES, AND AGREEMENTS**

**RELEASE OF MEDICAL INFORMATION**

INITIALS \_\_\_\_\_

I/We hereby authorize the release of any medical information regarding the above named student to Eagle Summit and authorize Eagle Summit to release any information regarding his/her prior medical history to medical providers as deemed necessary to facilitate student's medical care.

**CONSENT TO MEDICAL AND DENTAL EXAMINATION AND TREATMENT**

INITIALS \_\_\_\_\_

I/We hereby authorize and consent to any physical examination, x-ray, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care for the above named student under general or special supervision and upon the advice of a physician licensed to practice medicine in such state where services are rendered. I/We hereby consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said student by a dentist licensed to practice dentistry in such state where the services are rendered. Students requiring medications must be pre-approved by Eagle Summit. All students on medication must bring a 30-day supply of prescriptions.

**MEDICAL SERVICES**

INITIALS \_\_\_\_\_

I/We hereby agree that Eagle Summit provides only traditional medical care. Any requests for additional medical services not covered under Eagle Summit medical policies may not be honored or may be provided at an additional cost to parents or guardians.

**PRESCRIPTIONS**

INITIALS \_\_\_\_\_

I/We hereby authorize Eagle Summit to purchase all prescription medications through a local preferred provider. Any request for separate or outside pharmacy services may not be honored or may be provided at an additional cost to parents or guardians.

**MEDICAL EVACUATION**

INITIALS \_\_\_\_\_

In the event of a medical emergency while engaged in adventure and/or outdoor experience, government authorities may be contacted, and Eagle Summit will abide by their decision as to any emergency medical evacuation. It is understood that various government entities react in varying ways, and that Eagle Summit must abide by their directions in accordance with the rules and regulations that govern Eagle Summit on public lands. I/We will bear the costs and consequences of any decision by one of these entities.

**RELEASE OF MEDICAL INSURANCE INFORMATION**

INITIALS \_\_\_\_\_

I/We hereby authorize the release of any medical insurance information necessary to process any insurance claims regarding the above named student to Eagle Summit and medical providers. I also request payment of benefits to Eagle Summit the party who provides services.

Name of Policy Holder \_\_\_\_\_ Signature of Policy Holder \_\_\_\_\_

**PARENT CONSENT TO PSYCHOLOGICAL SERVICES**

INITIALS \_\_\_\_\_

I/We hereby authorize Eagle Summit to refer above named student to additional clinical services in the event he/she is in need of psychological services. Payment for services rendered will be made by the undersigned to Eagle Summit.

**PARENT CONSENT TO TEST**

INITIALS \_\_\_\_\_

I/We hereby give consent to Eagle Summit to administer tests to the above named student that are pertinent and appropriate. The tests may include psychological and/or academic tests.

**PHYSICAL EXAM**

INITIALS \_\_\_\_\_

I/We hereby give consent to provide Eagle Summit a physical examination of student. Exam of the student must have been completed within thirty (30) days prior to admission. If a physical examination has not been completed, one will be conducted by a physician selected by the program. The parents/guardians will be responsible for all costs related in this examination and the required lab tests or immunizations.

**URGENT TRANSFER AGREEMENT**

INITIALS \_\_\_\_\_

In the event that a temporary transfer of the above named student is deemed necessary by Eagle Summit, I/We hereby agree to authorize the transfer and assume financial responsibility for a period not to exceed three (5) days by the following agency of Eagle Summit’s contracted interim care home.

**URGENT SERVICES RUNAWAY AGREEMENT**

INITIALS \_\_\_\_\_

In the event that the above named student has run away from a the Eagle Summit program, I/We hereby authorize and accept financial responsibility, if it becomes necessary, for runaway services to be rendered for a period of time not to exceed five hours at \$50 per hour or \$65 per hour if a second person is required. Parental authorization is required if additional services are necessary.

**AUTHORIZATION FOR CONTAINMENT**

INITIALS \_\_\_\_\_

I/We hereby give express authority and consent to Eagle Summit personnel to utilize reasonable physical force to contain, control and detain the student for an including, but not limited to, the following purposes: transport to or from a Eagle Summit program; to prevent the student from running away from the Eagle Summit program; to protect the student, protect property, protect Eagle Summit personnel or others from physical injury or threat of injury from the student.

**AUTHORIZATION FOR SEARCH**

INITIALS \_\_\_\_\_

I/We hereby give consent and authorize Eagle Summit to search the student and the student’s personal effects. Eagle Summit is hereby authorized to confiscate any and all items deemed by Eagle Summit to be contraband.

**GOVERNMENT SERVICES FOR RUNAWAYS**

INITIALS \_\_\_\_\_

In the event the student runs away, government authorities shall be contacted and Eagle Summit will abide by their decision as to any search and rescue efforts, apprehension and detention of the student. It is understood that various government entities react in varying ways, and that Eagle Summit must abide by their directions. I/We will bear the costs and consequences of any decision by one of these entities.

**TRANSPORTATION CONSENT AND RELEASE**

INITIALS \_\_\_\_\_

I/We hereby authorize Eagle Summit, at its sole discretion, to place the above named student on a public carrier (i.e., airplane, train, bus, etc.) for the purpose of transporting him/her to such location as communicated by the undersigned to Eagle Summit. I/We hereby release and discharge Eagle Summit its agents, employees, officers, directors and affiliated entities from all claims, demands, actions, judgments and executions the undersigned may have against Eagle Summit for all personal injuries, known or unknown, and injuries to property, personal or real, caused by or arising out of the removal and transportation of the student to and from Eagle Summit.

**SCHOOL AND ACTIVITY CONSENT AND RELEASE**

INITIALS \_\_\_\_\_

The Eagle Summit program include academics, general athletic activities, vocational training, farm program, and the following activities held both on and off the facilities: camping, hiking, rock climbing, canoeing, kayaking, rafting, bicycling, swimming, ropes course, and orienteering. I/We hereby voluntarily release and discharge Eagle Summit and their officers, directors, shareholders, employees and agents of any and all claims, demands, actions, suits or proceedings which the student or any parent, relative, or next of kin of the student, may have for any or all injuries, damages and expenses, including, but not limited to, all personal injuries and illnesses and all damages to personal and real property, caused by, arising out of, or otherwise related to the student’s participation in any activity or programs conducted by or on behalf of Eagle Summit or any of its entities, including but not limiting to the activities and programs set forth in this consent and release.

**CONSENT TO FOLLOW UP**

INITIALS \_\_\_\_\_

I/We understand that to evaluate the effectiveness of programs, Eagle Summit will from time to time, conduct evaluation and research on treatment efficacy. I/We hereby give permission to Eagle Summit to contact our family for purposes of this research for no more than 5 (five) years from the date of this contract. I/We understand that participation in this research is completely voluntary and may be withdrawn by the family at any time.

**MEDIA RELEASE**

INITIALS \_\_\_\_\_

I/We do \_\_\_\_\_ do not \_\_\_\_\_ grant permission to Eagle Summit to use the above named student’s photograph and/or written work and/or voice in company newsletters, newspapers, brochures, videos, web site or other related materials.

I/We do \_\_\_\_\_ do not \_\_\_\_\_ grant permission for the above named student to be interviewed and/or photographed for medial release.

**DISCHARGE PROCEDURES**

INITIALS \_\_\_\_\_

As a student approaches graduation/completion from the Eagle Summit program, his/her parents will be notified and their participation and input sought in planning activities that will continue to enhance the student after graduation. If, during the course of program participation, it is determined that the program cannot adequately meet the needs of the student, his or her parent will be notified and a plan will be developed for dismissal. If it is the opinion of Eagle Summit that the student’s behavior jeopardizes his/her physical or emotional health and/or safety, or that of others, Eagle Summit reserves the right to dismiss the student without parental agreement. Parental failure to support the student either emotionally or financially can also result in dismissal. The decision to dismiss under these conditions will be made by the Program Administrator and, after consultation with the program staff and the

student's parents. Parents retain the right to terminate the student's enrollment in the Eagle Summit program at any time.

DOCUMENT RELEASE

INITIALS \_\_\_\_\_

I/We understand that it may be necessary to exchange documents and information between Eagle Summit entities regarding the student.

I/We hereby authorize and consent to the release of the documents and information listed below to the following: \_\_\_\_\_

- Admissions application, enrollment form and/or all of their parts and/or supplements
- Physical examination
- All records and releases in the possession of any Eagle Summit entity.

ACADEMIC RECORDS RELEASE

INITIALS \_\_\_\_\_

I/We hereby grant permission to release middle, junior and senior high school transcripts to Eagle Summit for the above named student. Permission is granted to release the following school records to the Education Coordinator of Eagle Summit for official transcript of credits; withdrawal grades, including incomplete classes; special education records; IEP's; test data, health records; disciplinary records; counseling information and any records pertaining to psychiatric or psychological evaluation of the student.

**I/WE HAVE READ AND UNDERSTAND ALL CONSENTS, RELEASES AND AGREEMENTS SET ABOVE AND EXECUTE THEM VOLUNTARILY.**

Enrollment form information provided by (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EAGLE SUMMIT STUDENT HEALTHCARE PROVIDERS**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Optometrist's/Ophthalmologist's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Orthodontist's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

**MEDICAL AND DENTAL INSURANCE INFORMATION**

Proof of medical and dental insurance must be provided in the spaces below prior to student's enrollment.

Please provide a photocopy of the front and back of your medical and dental insurance cards.

**MEDICAL INSURANCE**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Holder's Social Security No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. (if applicable) \_\_\_\_\_

Employer (If group policy) \_\_\_\_\_

Coverage (Emergency, mental health, etc.) \_\_\_\_\_

Pharmacy Card No. \_\_\_\_\_ Pharmacy Deductible \_\_\_\_\_

SIGNATURE OF POLICYHOLDER \_\_\_\_\_ Date \_\_\_\_\_

**DENTAL INSURANCE**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Holder's Social Security No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. (if applicable) \_\_\_\_\_

Employer (If group policy) \_\_\_\_\_

Coverage (Emergency, preventative, cosmetic, etc.) \_\_\_\_\_

SIGNATURE OF POLICY HOLDER \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL EXAMINATION**

**This portion of the application should be completed by a physician and returned with test results.**

Medical clearance for activities offered by Eagle Summit is important in designing a program suitable to each student's needs. Eagle Summit offers rigorous and physically demanding experiential adventure programs lasting from a few days to 10 days, conducted year round during all seasons. These experiences may include camping, hiking, biking, fishing, running, climbing, rock climbing, orienteering, canoeing, kayaking, rafting, swimming, etc. Students sleep in a shelter or appropriate seasoned tent. They may do their own cooking, carry heavy backpacks and may need to adjust to changes in altitude during these experiences. During these activities students typically do not have immediate access to hospital facilities. In addition to adventure activities, students may participate in physical education and team sporting activities.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of this exam: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_

Vision / Right \_\_\_\_\_ Left \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_

Ears \_\_\_\_\_ Whisper Hearing Test \_\_\_\_\_

Nose/Throat \_\_\_\_\_ Neck/Lymph \_\_\_\_\_

Chest \_\_\_\_\_ Heart \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitals/Hernia \_\_\_\_\_

Neurological \_\_\_\_\_

Muscular Skeletal \_\_\_\_\_ Scoliosis \_\_\_\_\_

Pelvic/Breast Exam \_\_\_\_\_

**REQUIRED LABORATORY TESTS AND IMMUNIZATIONS** – All test results must be attached to this examination form.

Urinalysis	Tuberculosis Skin Test (Note results in chart below)
CBC with differential	Sickle Cell Trait Screening (As indicated)
Glucose	Sexually Transmitted Diseases (Gonorrhea/Chlamydia)
Viral Hepatitis Screen (A&B)	VDRL

<b>IMMUNIZATION HISTORY</b>	<b>Date/Results</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
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Vaccine/Test  
(If given as combinations- MMR or MR-Enter date in appropriate box) \_\_\_\_\_

Polio (TOPV) \_\_\_\_\_

DPT and/or TD  
(Diphtheria, Pertussis and Whooping Cough only) \_\_\_\_\_

Measles (Rubeola – 10 day, Red Measles) \_\_\_\_\_

Rubella (German Measles – 3 day Measles) \_\_\_\_\_

Mumps \_\_\_\_\_

Tuberculosis Skin Test-Results (see next line) \_\_\_\_\_

If TB Skin Test was positive, note date of CXR and results \_\_\_\_\_

Tetanus (must be within past 5 years) \_\_\_\_\_

**EAGLE SUMMIT REQUIRED LABORATORY TESTS AND IMMUNIZATIONS**

All test results must be attached to this examination form and be returned to the Eagle Summit program.

- |  |  |
|--|--|
| Urinalysis   | Tuberculosis Skin Test (Note results in chart) |
| CBC with differential                                | Sickle Cell Trait Screening (As indicated)     |
| Glucose  | Viral Hepatitis Screen (A&B)                   |
| Sexually Transmitted Diseases (Gonorrhea, Chlamydia) |  |
| VDRL   |  |

Significant findings/recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all current medical problems under treatment, including all medications currently taken and the prescribed dosage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any physical impairments which would limit the student’s ability to participate in above mentioned activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies the student has experienced, including any reactions/medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant findings/recommendations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on my examination and the student’s medical history, the above named student is cleared for participation in the programs of Eagle Summit as follows: Full participation in all activities (chores or vocational projects, physical education, team sports, hiking, all-season camping, rock climbing, canoeing, kayaking, orienteering bicycling, swimming, ropes course activities).

Limited participation – restricted activities are: \_\_\_\_\_  
\_\_\_\_\_

Physician’s Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**The EAGLE SUMMIT**  
**Parent Issue Letter Format**

An “Issue” letter is the very first letter you write to your child documenting the behaviors and events that led to your child’s enrollment at Eagle Summit. Each parent and stepparent is asked to write his or her own “issue letter”. It is meant to be from your point of view and includes your feelings regarding these behaviors and events. **Please fax this letter within five (5) days of your child’s enrollment to (573) 485 - 2100, and please use black ink since pencil and colored inks do not fax clearly.**

**PURPOSE:**

1. The “Issue” letter is an important tool for your child to start learning a new way of communication with his or her family. During “mail call” at Eagle Summit, a staff person is available to help your child process this letter. Your child can underline anything that is not understood and will have the opportunity to tell his or her side of the story.
2. The “Issue” letter confronts your child’s behavior and provides an opportunity to start looking at and taking responsibility for his or her own issues instead of always blaming others.
3. This letter helps our staff to focus on getting your child’s issues out in the open and thus immediately addressing his or her needs.
4. This important letter allows your child the opportunity to see the situation through your eyes. This may help create some empathy in understanding what his or her behaviors have done to others.

**SUGGESTED FORMAT:**

1. If any lies were told to your child in order to get him or her to Eagle Summit, they need to be addressed in the very first paragraph of this letter.
2. Document behaviors, events, and situations that have occurred which led you to believe Eagle Summit was the best choice for your child.

Use specific examples – “when you stole the money out of our room that night in January, it made me feel violated and angry, etc.

**NO** blaming or profanity. Focus on documenting the behavior of your child.

3. Write down your feelings regarding these behaviors and events. Your child needs to know how this has affected you.
4. This letter needs to state clearly that your child will be at Eagle Summit for as long as it takes to complete the program. No dates or times should be mentioned as it allows your child to focus on “counting the days” and waiting it out until the appointed time. Your child will have much better success when working the program day to day without the focus of dates to worry about.
5. End this letter on a positive note. Let your child know that you love, care and support him or her, but that this behavior cannot continue.

**MEDICAL EMERGENCY CREDIT CARD CHARGE AUTHORIZATION**

Student's Name \_\_\_\_\_ Student's Account # \_\_\_\_\_

\_\_\_\_\_ VISA      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover      \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Holder (print name as it appears on card) \_\_\_\_\_

\_\_\_\_\_  
Signature of Credit Card Holder

\_\_\_\_\_  
Date

