

-CONFIDENTIAL-

Roslyn Hilltop Academy - Student Application/Questionnaire

Please complete the following questionnaire thoroughly and thoughtfully

Student's Name: _____

Date of Birth _____

Address: _____

Family Composition:

Lives in Household

Mother/Guardian's Name: _____ Age: _____ Y / N

Father/Guardian's Name: _____ Age: _____ Y / N

Siblings:

Name: _____ Age: _____ Y / N

Name: _____ Age: _____ Y / N

Name: _____ Age: _____ Y / N

Name: _____ Age: _____ Y / N

Additional People Living in Household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

How do you get along with people living in your household?

How do you get along with your parents/guardians?

Describe your relationship with your parents/guardians.

List your interests, hobbies and school activities:

To whom do you go to when you have a problem?

Do you make and/or maintain friendships easily?

List any medications you are currently taking:

Describe your current school situation:

What is your attitude towards school?
Is this different from your parents/guardians' view?

What are your strengths as a student?

What are your weaknesses as a student?

Is graduating important to you? Why?

How do you think Roslyn Hilltop Academy will help you achieve your educational goals?

Why do you think you are being referred to Roslyn Hilltop Academy?

Why do you think you would be successful at Roslyn Hilltop Academy?

If I am accepted at Roslyn Hilltop Academy, I will agree to obey all program rules and participate in any and all counseling sessions that are recommended.

Student's Signature/Date