



Valley View School Residential Guidance for Boys

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APPLICATION FOR ADMISSION

This form contains a number of detailed questions. While we realize that filling it out may be a burdensome task, it is only by having adequate information that we are able to make meaningful decisions about applicants. We would, therefore, solicit your help in completing every item that is applicable and returning the application directly to Valley View School.

Name: _____

Address where your son is now living:

Street: _____ Tel. No.: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Is he a biological child? _____ If adopted, when? _____

Applicant's religion (denomination, if any): _____

S.S. #: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Insert recent
photo here
(taken in last
three months)

FAMILY

FATHER:

Name: _____ Address: _____

Birth date: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ Home Tel. No.: _____ Work Tel. No.: _____

MOTHER:

Name: _____ Address: _____

Birth date: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ Home Tel. No.: _____ Work Tel. No.: _____

STEP-FATHER:

Name: _____ Address: _____

Birth date: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ Home Tel. No.: _____ Work Tel. No.: _____

STEP-MOTHER:

Name: _____ Address: _____

Birth date: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ Home Tel. No.: _____ Work Tel. No.: _____

Yes _____ No _____ If yes, please explain:

Does he have any specific allergies to foods, drugs, or other substances? _____

List all operations your son has had and give dates: _____

Is there a history of a convulsive seizure or epileptic disorder? Yes _____ No _____

If yes, give details: _____

Are your son's vision and hearing normal? Yes _____ No _____

If not, explain: _____

Name and address of family doctor: _____

Is your son covered by hospitalization insurance? Yes _____ No _____

If yes, give details, including name and number of policy: _____

APPLICANT'S HISTORY

Has your son been seen previously by any of the following: a private psychiatrist or psychologist, a guidance clinic or other agency (such as school or court clinic) concerned with emotional adjustment problems or children? If so, list all of these below. Give the names and addresses of the persons or agencies who saw your son, dates when seen, and reason for referral. ***Please request that summaries of these contacts be forwarded directly to Valley View School.***

List below all previous placements that your son has had outside of his natural home. State where the placement was, dates, and reason for change of placement. This should include all institutional placements.

Give the name and address of the most recent school your son has attended. If there have been frequent transfers during the past two years, list his three most recent schools.

What is your son's last completed grade? _____ Date of completion: _____
Describe any difficulties he has had in school, either academic or social: _____

If your son has ever had any involvement with legal authorities, please describe: _____

Please use the space below to give a description of your son's present and previous difficulties and what specific problems motivated referral to Valley View School.

