



Valley View School Residential Guidance for Boys

P.O. Box 338 – North Brookfield, MA 01535 – TEL (508) 867-6505 – FAX (508-867-3300

ASSISTANT DIRECTOR
BRENDAN O'NEIL, MSW

EXECUTIVE DIRECTOR
THOMAS NOWAK, Ph.D.
APPLICATION FOR ADMISSION

DIRECTOR OF EDUCATION & DAY PROGRAM
RICK MAY

While we realize that filling out this application 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.

BOY'S 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: _____

Attach recent photo here

(taken in last three months)

FATHER:

Name: _____ Address: _____

Date of Birth: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ E-Mail address: _____

Phones: Home _____ Work _____ Cell _____ Fax _____

MOTHER:

Name: _____ Address: _____

Date of Birth: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ E-Mail address: _____

Phones: Home _____ Work _____ Cell _____ Fax _____

STEP-FATHER:

Name: _____ Address: _____

Date of Birth: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ E-Mail address: _____

Phones: Home _____ Work _____ Cell _____ Fax _____

STEP-MOTHER:

Name: _____ Address: _____

Date of Birth: _____ Education: _____ Occupation: _____ Religion: _____

Birthplace: _____ E-Mail address: _____

Phones: Home _____ Work _____ Cell _____ Fax _____

Status of marriage at time of referral (please circle): Intact Divorced Separated Widowed

Date of marriage of parents: _____

If either or both parents have remarried or had previous marriages, please give details:

If home is not intact, how long has this been true? _____

Who has custody of the applicant? _____

List in chronological order all births, giving names of all children living and dead. Include child for whom application is being made, as well as step and half siblings if applicable. If child is adopted, include known information regarding natural family.

NAME	SEX	AGE	EDUCATION	OCCUPATION	COMMENTS

Have there been other adults or children who have lived or are currently living in your son's home who are or have been especially important in his development? If so, please describe.

MEDICAL INFORMATION

Please list below any known past medical problems or those for which your son is now receiving treatment. Give details of each problem, including the onset, treatment, and current status.

Does your son have any physical impairment that would limit his ability to participate in normal activities?

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.

If accepted to Valley View School, who will be responsible for payment of the fee? _____

Who is making this referral to Valley View School? _____

How did you hear about Valley View School? _____

Please have copies of social histories, psychological and psychiatric evaluations if available, as well as, a recent school transcript forwarded directly to Valley View School.

Name of person filling out this application: _____

Address: _____

Relationship to applicant: _____ Date: _____

Thank you for your cooperation in filling out this application. Please return it to:

***Admissions – Dr. Thomas Nowak, Ph.D.
Valley View School
P.O. Box 338
North Brookfield, Massachusetts 01535***