

**COOKSON HILLS CHRISTIAN SCHOOL INC.**  
**PRE-ADMISSIONS APPLICATION**



**CHILD:** Name \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Nickname \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_ Grade \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Adopted?  yes  no  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
Identifying birthmarks, piercing, scars or tattoos \_\_\_\_\_

Biological?  
**FATHER:** Name \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Marital Status:  Single  Married  Divorced  Remarried \_\_\_\_ / \_\_\_\_ / \_\_\_\_ date of marriage or divorce Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Biological?  
**MOTHER:** Name \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Marital Status:  Single  Married  Divorced  Remarried \_\_\_\_ / \_\_\_\_ / \_\_\_\_ date of marriage or divorce Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Primary Male in home or  
**STEPFATHER:** Name \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Marital Status:  Single  Married  Divorced  Remarried \_\_\_\_ / \_\_\_\_ / \_\_\_\_ date of marriage or divorce Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Primary Female in home or  
**STEPMOTHER:** Name \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Marital Status:  Single  Married  Divorced  Remarried \_\_\_\_ / \_\_\_\_ / \_\_\_\_ date of marriage or divorce Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

NOT in home  
**EMERGENCY CONTACT:** Name \_\_\_\_\_ relationship \_\_\_\_\_  
Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**LEGAL STATUS**



Who has legal custody of the child? \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
If legal custodian is NOT a parent or stepparent, fill in the following section: (copies of legal documents granting custody will be required)

**LEGAL CUSTODIAN:** Name \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Marital Status:  Single  Married  Divorced  Remarried \_\_\_\_ / \_\_\_\_ / \_\_\_\_ date of marriage or divorce Age \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

**OTHERS IN FAMILY:**

✓ in home	Name	Age	City	State	Relationship
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Bro <input type="radio"/> Sis <input type="radio"/> Full <input type="radio"/> Half <input type="radio"/> Step
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Bro <input type="radio"/> Sis <input type="radio"/> Full <input type="radio"/> Half <input type="radio"/> Step
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Bro <input type="radio"/> Sis <input type="radio"/> Full <input type="radio"/> Half <input type="radio"/> Step
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Bro <input type="radio"/> Sis <input type="radio"/> Full <input type="radio"/> Half <input type="radio"/> Step
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Bro <input type="radio"/> Sis <input type="radio"/> Full <input type="radio"/> Half <input type="radio"/> Step
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Other relative: _____
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Other relative: _____
<input type="radio"/>	_____	_____	_____	_____	<input type="radio"/> Other: _____

**COURT STATUS:**

Has this child been in any legal trouble?  Yes  No

If yes: County \_\_\_\_\_ State \_\_\_\_\_ Court case number \_\_\_\_\_

Judge \_\_\_\_\_ Telephone \_\_\_\_\_

Case worker or probation officer \_\_\_\_\_ Telephone \_\_\_\_\_

Briefly describe the reasons you are seeking placement of your child outside your home:

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

***This Pre-Admission Application is just 3 pages of the full application and may be used as an initial step in seeking placement. You will be contacted upon receipt.***

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

\_\_\_\_\_ Date



**SOCIAL HISTORY Strengths**

*Check each strength your child exhibits and describe what you have observed.*

- Responsible / Good Work Ethic
- Concern for others / Generous
- Resourceful / Problem Solver
- Courageous / Fearless
- Healthy eating & exercising
- Communications skills – Speaking and Listening
- Skill in art, music, language, or sports
- Able to save for future goals
- Likes to read
- Honest and open / Sharing Feelings

**SOCIAL HISTORY Behaviors**

*Please indicate below the behaviors that child has shown and describe the details.*

- previously hospitalized - where/when/why
- previously placed outside the home - where/when/why
- physically aggressive or violent  hurt animals  hurt children - details
- talk of suicide  cutting self  other self harm
- alcohol use  drug use - what drugs
- eating or hoarding issues - describe
- tobacco use - source of tobacco
- pornography  lost virginity  ongoing sexual activity
- destructive  starts fires - details
- theft - what/when
- in trouble with the law - details
- educational challenges/IEP - details
- medications current history
- traumatic events  victim of physical or sexual abuse - describe
- run away - details
- psychological evaluation - diagnoses
- school suspension/detentions
- angry outbursts – details
- manipulation - how
- defiance - describe

How did you find out about Cookson Hills?

\_\_\_\_\_