The Academy at SOAR Application

P.O. Box 388
Balsam, North Carolina 28707
Phone 828-456-3435 Fax 828-456-3449
www.soarnc.org

Please answer all questions in detail. (Ink only)

Indicate Semester Selection(s):
- ☐ **Fall Semester in the Rockies and Yellowstone**
- ☐ **Fall Semester in the Appalachians**
- ☐ **Spring California Coastal and Desert Southwest Semester**
- ☐ **Spring Southeast Coastal and Latin America Semester**

Applicant's Name _____ Application Date _____

Sex _____ Age _____ Birth date _____ Social Security Number _____

Parents / Guardian's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Height _____ Weight _____

Family Information

Father's Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ E-mail Address _____

Fax _____Education _____ Occupation _____

Name/Address of Employer _____

_____

Marital Status: Married Separated Divorced Widowed

Mother's Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ E-mail Address _____

Fax _____Education _____ Occupation _____

Name/Address of Employer _____

Marital Status: Married Separated Divorced Widowed

Other Family Members:

Name	Age	M/F	Occupation	Education

School History

Current School _____ Grade Level _____

School Phone Number _____ Contact Person _____

List all school(s) the applicant has previously attended:

School	City	Dates	Grades

Was the applicant ever retained? _____ Which grade(s) _____

In what subject(s) is the student particularly strong? _____

In what subject(s) is the student particularly weak? _____

Is the applicant now receiving, or has he/she received in the past, any special services at school? (E.g. speech/language therapy, resource room, etc.) _____

If so, describe below:

Type of Service	Dates	Purpose

Background Information

When was LD and/or AD/HD first diagnosed or identified and by whom? _____

Services received? _____

Have any of the family members had similar difficulties? _____

Father? _____ Mother? _____ Brothers? _____ Sisters? _____

Who referred you to SOAR? _____

Background Information (continued)

Has applicant ever received counseling services of any type including substance abuse treatment programs? _____

If so, please describe services, names, and addresses of all providers:

_____
_____
_____
_____
_____
_____

Has applicant ever been known to use drugs or alcohol? _____

If so, please describe circumstances and specific drugs:

_____
_____
_____
_____
_____
_____

Has applicant ever been adjudicated? _____

If so, describe charges, including date, place, offense, identity of court case number, and explain circumstances, results, and current status:

_____
_____
_____
_____
_____
_____

Professional Service Providers

Give names, addresses, and dates the applicant has been seen by any specialists, such as neurologists, surgeons, allergists, psychologists, psychiatrists, speech/language pathologists, social workers, eye or ear specialists, etc.

Name	Address	Date	Services

Socialization

How does the applicant get along with:

Mother? _____ Father? _____

Siblings? _____ Other persons his/her age? _____

Other adults? _____

Describe applicant's social behaviors (warm, aloof, friendly, etc.) _____

_____

Describe applicant's character (dishonest, trustworthy, etc.) _____

_____

Describe applicant's habits _____

_____

_____

Describe applicant's nervous traits _____

_____

Is the applicant competitive with peers? _____

Is the applicant competitive with siblings? _____

Is the applicant responsive to strangers? _____

Is the applicant easily frustrated? _____

If so, describe applicant's response to frustration _____

_____

Is the applicant affectionate? _____

Does applicant insist on having his/her own way? _____

Is he/she shy? _____ Talkative? _____ Anxious to please adults? _____

Does the applicant frequently daydream? _____

Does the applicant have special fears? _____

Describe the applicant's self concept (e.g. seems happy, laughs/smiles, often says negative things about self, etc.) _____

_____

What does the applicant do best? _____

Describe any favorite hobbies or interest. _____

Does the applicant frequently become upset? _____

If so, describe his/her response to these situations. _____

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____