

**Northshore Recovery High School**  
**APPLICATION FOR ADMISSION**  
Please fill out as completely as possible.

Date: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) \_\_\_\_\_  
(city, state) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

Other Number(s): \_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian (circle)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

(street) \_\_\_\_\_

(street) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Parent/Guardian (circle)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

(street) \_\_\_\_\_

(street) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Other Significant Adult (describe relationship) \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

(street) \_\_\_\_\_

(street) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

(city, state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Describe custody arrangements (if any) \_\_\_\_\_  
\_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Support Services**

Name	Address	City, State, Zip	Phone
DSS Worker			
Probation			
Therapist/Organization			
After Care Coordinator			
DYS Worker			

**SCHOOL INFORMATION**

List all secondary schools beginning with the most recent and going back to the start of 9<sup>th</sup> grade. (Include all schools including those connected with special programs.)

Dates of (mm/dd/yy): Admission: \_\_\_\_\_ Withdrawal: \_\_\_\_\_  
School Name: \_\_\_\_\_ District: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates of (mm/dd/yy): Admission: \_\_\_\_\_ Withdrawal: \_\_\_\_\_  
School Name: \_\_\_\_\_ District: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates of (mm/dd/yy): Admission: \_\_\_\_\_ Withdrawal: \_\_\_\_\_  
School Name: \_\_\_\_\_ District: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**PLEASE:**  
Contact previous schools now to request **transcripts, last IEP & assessment summary & immunization, SASID number, MCAS scores,** records to be sent to Northshore Recovery High School.

Have you ever qualified for Special Education Service? \_\_\_\_\_ When? \_\_\_\_\_  
Area of Service? \_\_\_\_\_ Dismissed? \_\_\_\_\_  
Date of completion of 8<sup>th</sup> grade: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you eligible for 504 plan? (circle) YES NO  
How did you first hear about Northshore Recovery High School? \_\_\_\_\_

**TREATMENT INFORMATION**

List all treatment programs attended.

Admission date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_  
Name: \_\_\_\_\_ Counselor: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of treatment (inpatient/outpatient) \_\_\_\_\_  
Successful completion of program? (circle) YES NO If NO, explain: \_\_\_\_\_

Admission date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_  
Name: \_\_\_\_\_ Counselor: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of treatment (inpatient/outpatient) \_\_\_\_\_  
Successful completion of program? (circle) YES NO If NO, explain: \_\_\_\_\_

Admission date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_  
Name: \_\_\_\_\_ Counselor: \_\_\_\_\_  
Address (street, city, state) \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of treatment (inpatient/outpatient) \_\_\_\_\_  
Successful completion of program? (circle) YES NO If NO, explain: \_\_\_\_\_

**STUDENTS: ON A SEPARATE PAPER, WRITE AN ESSAY ABOUT WHY YOU WOULD LIKE TO ATTEND NORTHSHORE RECOVERY HIGH SCHOOL. Enclose this essay wit your application.**