

**SAFE HARBOR BOYS HOME & MARITIME ACADEMY**  
**Admission Inquiry Form**

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

Staff Member Reviewing: \_\_\_\_\_

**Parent / Guardian Contact Information**

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

Relationship to Child: \_\_\_\_\_

Legal Custody Held By: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

**Child Information**

Child's Full Name: \_\_\_\_\_

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

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

Current School Grade Level: \_\_\_\_\_

**Family Background**

Parents' Marital Status (check all that apply):

Married (Years: \_\_\_\_)  
 Divorced (Years: \_\_\_\_)  
 Separated (Years: \_\_\_\_)  
 Remarried (Years: \_\_\_\_)

Deceased Parent (Years: \_\_\_\_)

Mother's Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

**History & Background**

Has the child been:  Suspended  Truant  Expelled

If yes, please explain: \_\_\_\_\_

Previously retained?  Yes  No

If yes, grade(s): \_\_\_\_\_

Does he generally act his age?  Yes  No

If no, please explain: \_\_\_\_\_

Average computer/screen use per day: \_\_\_\_\_

Psychological or educational testing in past 2 years?  Yes  No

If yes, describe: \_\_\_\_\_

Currently enrolled in counseling or therapy?  Yes  No

Therapist Name & Contact: \_\_\_\_\_

Mental health diagnoses (if any): \_\_\_\_\_

Threatened suicide?  Yes  No

Attempted suicide?  Yes  No

History of cutting or self-harm?  Yes  No

Been physically abused?  Yes  No

Been sexually abused?  Yes  No

Sexually abused anyone else?  Yes  No

Harmed an animal?  Yes  No

If yes to any above, please explain:

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

Family history of psychiatric, emotional, or substance abuse concerns:

\_\_\_\_\_

Current or past medications (last 2 years):

\_\_\_\_\_

Has he been arrested?  Yes  No

Any pending legal action?  Yes  No

If so, please explain: \_\_\_\_\_

Has he run away or left home without permission?  Yes  No

If yes, length of time gone: \_\_\_\_\_

Did someone allow him to stay with them against your wishes?  Yes  No

If so, please explain: \_\_\_\_\_

Any known physical health concerns: \_\_\_\_\_

His interests: \_\_\_\_\_

His stated future plans: \_\_\_\_\_

Educational goals:  Trade School  College  Military  Undecided

### **Behavioral Concerns**

Major behavioral or disciplinary concerns and where they are occurring:

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

Frequency and most recent timeframe of concerns:

\_\_\_\_\_

What steps have you taken to address these concerns:

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Family issues contributing to behaviors:

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Any additional information we should consider?

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Please save and download the form upon completion and email us a copy at [admissions@safeharborboyshome.org](mailto:admissions@safeharborboyshome.org)

We will be in touch with you soon!