

Preliminary Application

Shiloh Youth Ranch, Inc.

10655 Roseland Road
Sebastian, FL 32958

Director
James J. Hinkle



Name of child in full: _____
(No nicknames)

Permanent Address:

Telephone: _____

Age: _____ Date of Birth: _____

Birthplace: _____

Please state the reasons for seeking to enroll your son in our program:

Religion: _____

Describe your church attendance: _____

Parental relationship:

Married Divorced Guardian

Legal Custodian: Mother Father Other

Names, addresses, and occupations of parents or guardians in full:

Names and ages of siblings:

Name

Age

Last school & grade attended w/ address:

Has your son ever been suspended or expelled from school? If yes, please explain.

List any problems from the last school attended:

Describe your son's academic performance:

Does your son have learning disabilities of any kind?

Has your son ever been arrested or investigated by any law enforcement issues?
If yes, please explain.

Has your son been involved in any illegal drug or alcohol abuse? If so, please explain.

Do you exercise discipline with your son? _____

What methods of discipline do you use?

How does he respond to discipline?

Does your son take any medications? If so, list them with strengths and dosage schedules and the reason for taking them.

What are your son's eating habits?

Do you require him to eat a balanced diet? _____

Does he have any medically proven allergies to any particular food?
