



MIRACLE MEADOWS SCHOOL

Rt. 1 Box 289-B, Salem, WV 26426
Tel (304) 782-3628 Fax (304) 782-3660

OFFICE USE ONLY Date of enrollment: _____ Admitted by: _____
--

STUDENT APPLICATION

Date of Application _____

STUDENT'S Personal Information (please print)

Last Name of YOUTH		First Name	Middle Name	Social Security Number (IMPORTANT)	
Address		City	State	Zip	Religion/Denomination
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth <i>mt/day/yr</i>	Place of Birth (city/state or country)		Age	Race
Nickname(s) if any	Height	Weight	Eye Color	Hair Color	Distinguishing marks, scars, tattoos?
ADOPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Age at adoption	Level of bonding		Knows birth parent(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last school attended		Address		Telephone No. of School	Grade

PARENT(S) Personal Information

Parent/ Legal Guardian (each parent separately)		Parent/ Legal Guardian (each parent separately)	
Address (if different from above)		Address (if different from above)	
Home Number	Work Number	Home Number	Work Number
Occupation	Mobile Phone Number	Occupation	Mobile Phone Number
Email Address	Relationship to child	Email Address	Relationship to child

CUSTODY (if applicable)

<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	Who has physical custody of the child? <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> JOINT
Is there a court order defining custody? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please include a copy of the court order.
If NO, please explain:	

INSURANCE INFORMATION (please include a copy of the card — front & back)

Do you have medical coverage for the youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	Parent/Guardian Name (policyholder)
Health Insurance Company Name	Policy Number or Member ID number
Insurance Address (please include copy of insurance card)	Insurance telephone
Do you have DENTAL coverage for the youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have PRESCRIPTION coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please include a copy of your child's immunization record and a copy of your child's medical insurance card (front & back).	SIGNATURE — I understand that I am responsible for all medical bills incurred by my child

EMERGENCY CONTACT INFORMATION

Name	Relationship to child	First phone number
Address		Second phone number

SOCIAL BACKGROUND

Describe the relationship with his/her mother:

Describe the relationship with his/her father:

Describe the relationship with his/her step-parent:

List the names of siblings, ages & quality of relationship with them:

Describe the youth's personality (quiet, outgoing, perfectionist, moody, enthusiastic, peacemaker, etc.):

If any of the following have happened to the youth, clarify as needed and indicate age of youth and event:

Death of significant person (who?):

Abandoned by significant person (who?):

Sexual molestation:

Serious physical illness:

Serious physical illness of family member (who?):

Mental illness of family member:

In the box provided, please write 0 for not applicable, 1 for has occurred or likely occurred, 3 for sometimes, 4 for frequent or many

Lying		Runaways		Truancy (skipping school)	
Setting fires		Defiance of authority		School suspension	
School expulsion		Academic failure		Physical assaults	
Rages/Anger		Disruptive at school		Destruction of property	
Use of alcohol		Use of tobacco		Use of drugs	

List drugs that have been tried/abused:

Arrested (describe):

Assaults on others (yes/no): Who?: Last assault:

Stealing (from whom):

Sexual misconduct (prostitution, promiscuity, homosexuality, molestation of others) Describe:

Suffers from eating disorders? Describe:

Suicide attempts or threats?:

Treated or hospitalized for emotional problems? Explain including for how long.

STUDENT CONTACTS — please list people who know of this youth's needs

Name		Name	
Telephone	Relationship	Telephone	Relationship
Name		Name	
Telephone	Relationship	Telephone	Relationship

List of people the youth should NOT be in contact with

STUDENT NAME

Last Name of YOUTH

First Name

Middle Name

Date

PARENTS' GOALS

This section of the application is very important. Please take time to consider your goals for your child in the following areas. At Miracle Meadows, we seek to find balance in the 4 domains of life: Mental, Physical, Social and Spiritual.

ACADEMIC / LEARNING (Mental):

HEALTH & WELLNESS (Physical):

EMOTIONS & RELATIONSHIPS (Social):

CHRISTIAN COMMITMENT (Spiritual):

Additional comments:

PARENT(S) SIGNATURE

I certify that all answers given herein are true and complete.

Signature of applying parent/legal guardian

Date

Signature of applying parent/legal guardian

PHOTOGRAPH RELEASE

I hereby authorize Miracle Meadows School to use photographs and video footage of the child named below for the school year-book, for the newsletter and for the purpose of providing information about the school and its services.

Student Name

Parent/ Legal Guardian signature

Date

HEALTH HISTORY

STUDENT NAME

Last Name of YOUTH	First Name	Middle Name	Date
--------------------	------------	-------------	------

FAMILY HISTORY: Have any of your relatives had any of the following? **PLEASE INCLUDE IMMUNIZATION RECORD**

MEDICAL PROBLEM	YES	NO	RELATION	MEDICAL PROBLEM	YES	NO	RELATION
Tuberculosis				Arthritis			
Diabetes				Stomach disease			
Kidney disease				Asthma/hay fever			
Heart disease				Epilepsy, convulsions			

PERSONAL HISTORY: Please answer all questions. Comment on all positive answers in the space provided below or on a separate paper.

HAS CHILD HAD?	YES	NO	HAS CHILD HAD?	YES	NO	HAS CHILD HAD?	YES	NO
Scarlet fever			Measles			Head injury/unconsciousness		
German Measles			Mumps			Gallbladder trouble/stones		
Chicken pox			Malaria			Gum or tooth trouble		
Sinusitis			Eye trouble			Ear/nose/throat trouble		
Mononucleosis			Pain/pressure in chest			High/low blood pressure		
Chronic cough			Palpitations			Rheumatic fever/heart murmur		
Back problems			Tumor, cancer, cyst			"Trick" knee, shoulder, etc.		
Jaundice			Glasses needed			Stomach/intestinal problems		
Circumcision			Insomnia			Frequent depression		
Frequent anxiety			Worry/nervousness			Recurrent headache		
Recurrent cold			Tuberculosis			Hay fever/asthma		
Rupture, hernia			Shortness of breath			Recurrent diarrhea		
Dizziness, fainting			Weakness, paralysis			Recent weight gain/loss		
Sexually transmitted disease			Album/sugar in urine			Frequent urination		
X-rays on file			Surgery:			Allergy:		
			Appendectomy			Penicillin		
Student on orthodontic care?			Tonsillectomy			Sulfonamides		
			Hernia repair			Serum		
			Other			Foods (list below)		
						Other (list below)		

FEMALES ONLY

Irregular period			Excessive flow			Severe cramps		
Previous pregnancy			Abortion			Number of births		
Birth control used?			Type:					

COMMENTS: List anything you feel we should know about your child's health (injuries, operations, illness, allergies, medications needed, etc.)

FINANCIAL INTENT

MIRACLE MEADOWS SCHOOL Rt. 1 Box 289-B
Salem, WV 26426 Tel (304) 782-3628 Fax (304) 782-3660

STUDENT NAME

Last Name of YOUTH	First Name	Middle Name	Date
--------------------	------------	-------------	------

Please read the following and indicate your agreement by placing your initials beside each paragraph and signing below.

	I agree to pay the tuition of Miracle Meadows School (MMS) in a timely manner. I understand that the first months tuition is \$2,500. This includes a \$500 fee for enrollment and a \$350 fee for the purchase of uniforms. I agree to include a \$25 non-refundable application fee.
	I understand that tuition is due by the first day of each month. The total monthly tuition is \$2,050. Each student receives a work education scholarship of \$200. Furthermore, if tuition is received by MMS on or before the 1st of the month in which it is due, a timely-payment discount of \$200 will be granted. I understand that if my tuition payment is not received by MMS by the 1st of the month, I may not receive the timely-payment discount of \$200. Therefore, I may pay \$1,650 for each month that my payment is received on time and there are no outstanding charges on my account otherwise I will be charged \$1,850.
	I agree to pay tuition for each month in which MMS holds a space for my student.
	I agree that if the student is enrolled after the 16th of any given month I will pay the full tuition for that month. On the fourth month of his/her enrollment I will receive a credit in the amount of \$825 (a deduction of one-half month). If my child is withdrawn before the fourth month, I am not entitled to receive the one-half month credit.
	I understand that non-payment of tuition is grounds for dismissal. On or about the 11th day of the second month in which payment is not received, I will be notified that my student will be dismissed by the 1st of the following month. Unless other arrangements are made, the student will be sent home by bus or other reasonably-priced transportation.
	A third party may be involved in assisting me with tuition payments (relatives, church, conference). However, I agree that I am responsible for payment should they fail to make payment. I understand that I cannot receive the timely-payment discount if payment is not received by MMS on time (regardless of who makes the payment).
	I understand that tuition fees cover: Behavioral change program, academic course work, books and media resources, room and board, recreational trips, field trips for learning, extra-curricular/social activities, and transportation to medical services and shopping. Students may receive an incentive of up to \$50 per month for participation in the work education program.
	Transportation to nearby airports will be charged according to this scale: \$20 for Clarksburg airport; \$80 for Pittsburgh or Charleston airports. I understand that special transportation by MMS staff members of my child to my home or elsewhere for holidays or for other reasons (outside of school trips) is discouraged and any such arrangement, if necessary, must be made through the administrative office due to liability concerns.
	School transcripts will not be sent to any future school or diplomas given until the account with MMS is cleared and all charges paid.

I understand and agree to all of the above. I am the person assuming all financial responsibility for this child.

Parent /Legal guardian signature	Date
----------------------------------	------

Witness signature	Date
-------------------	------

PARENT UNDERSTANDING VALIDATION

MIRACLE MEADOWS SCHOOL Rt. 1 Box 289-B
Salem, WV 26426 Tel (304) 782-3628 Fax (304) 782-3660

STUDENT NAME

Last Name of YOUTH	First Name	Middle Name	Date
--------------------	------------	-------------	------

It is important that you read and initial beside the following descriptions of the Miracle Meadows School program and its expectations for enrolled students. If you need further clarification regarding any point, please discuss it with the MMS administrative staff before initialing your understanding of that particular point. Please indicate your understanding and agreement by initialing beside each paragraph and signing below.

	<p>Student enrollment at Miracle Meadows School (MMS) is for an expected length of at least one year. Studies and experience show that for changes to withstand pressures, a minimum of one year is necessary. Students stay at MMS until they are ready to leave as determined by MMS staff in cooperation with parents and the student. Many students need to stay longer than one year. Early withdrawal without a thirty day notice results in a penalty equivalent to a full month's tuition without any discounts.</p>
	<p>Because students tend to "check out" once a date for leaving MMS is discussed, parents are never to discuss leaving MMS with their student without prior permission from MMS administration. Doing so is grounds for immediate dismissal of the student.</p>
	<p>MMS operates on an educational model, not a psychotherapeutic model. While counseling occurs, the real framework for personal change comes from daily life with students, teaching them at the time of need and assisting them with the learning of skills, concepts and relationships that will lead to success and salvation.</p>
	<p>Parent education is an integral part of the MMS program and I agree to participate. I understand that my student may be dismissed from the school if I miss two Parent Education Weekends within six months, unless prior arrangements are agreed upon or an alternative visit is scheduled.</p>
	<p>Parents are not to send spending money to students without prior permission by the dean or administrator. This helps the school teach responsibility in earning and spending money.</p>
	<p>Students are not to receive packages of food from home except on rare special occasions and then only with permission from the dean. Sweets and fats are less than healthy and consumption should be kept to a minimum. If a package is sent it should include enough for the dorm or just a small treat or two for the individual student. We are teaching our students to develop healthy tastes and dietary self-control.</p>
	<p>Transcripts will not be sent to any future school or diploma given until the account with MMS is cleared and all charges are paid.</p>
	<p>MMS is a Seventh-day Adventist school. Any parent/guardian who enrolls his/her dependent in MMS is knowingly choosing an Adventist environment, lifestyle and values system for that dependent.</p>

I understand and agree to all of the above.

Parent /Legal guardian signature

Date

Witness signature

Date



Miracle Meadows School

Rt.1, Box 289-B, Salem, WV 26426

LEGAL AUTHORIZATION

I herein affirm that I am in agreement with the enrollment of

_____ in Miracle Meadows School (MMS). I agree to cooperate with the educational and developmental program of the school.

I authorize Miracle Meadows School to consent in my stead as they may deem appropriate or necessary to the following regarding the above-named youth: Physical and mental examinations; ordinary medical, dental, psychiatric, hygienic, or other remedial care and treatment, including but not limited to vaccinations, immunizations, anesthesia, hospitalization or surgery; and plans, activities or procedures related to the youth's education. Any elective care must first be approved by me in writing. I agree to pay for all health care not covered by insurance. This agreement can be terminated by either party at any time.

I hereby authorize Miracle Meadows School to initiate a search for _____ should he/she run away from the MMS campus or group. When this student is found, I give my permission for his/her release to MMS staff for return to Miracle Meadows School.

I have been informed of the types of activities common to the Miracle Meadows School program. I am aware of the risks involved in such activities but have determined that the benefits outweigh the potential risk. I will in no way hold Miracle Meadows School or its staff, whether paid or volunteer, liable for any act, except in cases of negligence, for any injury or death resulting from the enrollment and participation of _____ in this school program.

PARENT OR LEGAL GUARDIAN

DATE

PARENT OR LEGAL GUARDIAN

DATE

WITNESS

DATE



Miracle Meadows School

Rt.1, Box 289-B, Salem, WV 26426

PSYCHOLOGICAL INFORMATION RELEASE AUTHORIZATION

TO: _____

ADDRESS: _____

Please send any information that would be helpful in the treatment of:

STUDENT NAME

Include a diagnosis, if one has been made, and effective treatment or learning strategies used with the child.

I hereby authorize the release of this information to:

Miracle Meadows School, Inc.
Rt. 1 Box 289-B
Salem, WV 26426
(304) 782-3628

PARENT OR LEGAL GUARDIAN

DATE

WITNESS

DATE



Miracle Meadows School

Rt.1, Box 289-B, Salem, WV 26426

OFFICIAL TRANSCRIPT REQUEST

I hereby authorize the release of an official transcript of your records of:

_____ to:
STUDENT NAME

Miracle Meadows School, Inc.
Rt. 1 Box 289-B
Salem, WV 26426

Thank you.

PARENT OR LEGAL GUARDIAN

DATE

WITNESS

DATE

SCHOOL LAST ATTENDED:

Name of school: _____

Address: _____

Phone: _____

Grade of last enrollment: _____

Dates attended: _____