



230 West Boscawen St.
Winchester, VA 22601
540-722-4521
www.newlifestyles.net

Your Path to Success Starts Here

STUDENT APPLICATION

To be completed by applicant

Please forward with your application, copies of the following items: most recent psychological, academic and educational evaluations, high school or college transcript, and SAT scores. Also remember to include the application fee of \$500.

Name _____

Current Address _____

City, State, Zip _____

Home Phone _____

DOB _____ Age _____ Sex _____

Social Security # _____ - _____ - _____

Place of Birth _____

Referral Source Information

Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

Parent/Guardian/Financially Responsible Party

Name _____

Address _____

Home Phone _____

Cell: _____

Work Phone _____



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February 27, 2009

Psychiatric History

Current diagnosis/diagnoses: _____

Hospitalizations (include age and length of stay): _____

Residential Treatment (include age and length of stay): _____

Current psychiatric medications: _____

Previous psychiatric medications and reason for termination: _____

Medical History

Medical Conditions, Allergies, Medications: _____

Drug and Alcohol History (if any)

Age Begun	Drugs Used	Frequency (time/week)	Duration of use (months/years)

Drug of Choice: _____

Currently in recovery? _____ How Long? _____

Currently working 12 step program? _____ Relapse prevention plan in place? _____

Educational Information

Please, list all schools from 9th grade through 12th grade. Include colleges or other educational programs. Please attach additional sheet if needed.

School/Program: _____ Grade Level _____

Address: _____

Reason for leaving: _____

School/Program: _____ Grade Level _____

Address: _____

Reason for leaving: _____

Additional Information

Information not requested elsewhere, but which might be helpful: _____

New Lifestyles wants to provide individualized support to help you achieve your personal goals. Briefly, what ideas do you have about the things you would like to accomplish in the next few years? What are the barriers or things that make it difficult to attain your goals? Try to be brief but if you need more room, attach additional pages.

Goals and Plans	Barriers
Work	Work
School/College/Technical Training	School/College/Technical Training
Relationships	Relationships
Personal	Personal
Other	Other

How can New Lifestyles best assist you in the accomplishment of the above goals? Specifically what assistance do you need to overcome the above barriers?

Signature: _____

Date: _____