

MASONIC-EASTERN STAR HOME FOR CHILDREN  
**ADMISSION REQUEST FORM**

**\*\*completed by legal parent or guardian\*\***

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Child's age: \_\_\_\_\_ Child's date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Grade in School: \_\_\_\_\_

Name of legal Parent/Guardian  
\_\_\_\_\_

Address of legal Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Are you or a family member a member of the Masonic or Eastern Star Organizations? \_\_\_\_\_  
If yes --- Who?  
\_\_\_\_\_

What grades is your youth currently earning in school? \_\_\_\_\_

What were their grades in elementary school? \_\_\_\_\_

Is your child currently expelled or suspended from school? \_\_\_\_\_

Does your child have a current Individual Education Plan, because of a Learning Disability?  
\_\_\_\_\_

Does your child have a current I.E.P. because of a Behavior Disability? \_\_\_\_\_

Is your child involved in a gang? \_\_\_\_\_

Has your child hit you or other members of your family? \_\_\_\_\_

Has your child been involved in violence outside the home? \_\_\_\_\_

Has your child ever destroyed things in your house? \_\_\_\_\_

Has your child ever ran away from home? \_\_\_\_\_

Has your child had any contact with the police? \_\_\_\_\_  
If yes --- Why?  
\_\_\_\_\_

Has your child violated any other laws? \_\_\_\_\_  
If yes – please explain:  
\_\_\_\_\_

Is your child on probation or parole? \_\_\_\_\_  
If yes – why is he/she on probation or parole? \_\_\_\_\_

Is your child a ward of the state? \_\_\_\_\_

Has your child ever been placed outside the home? \_\_\_\_\_  
If yes – why? \_\_\_\_\_

Has your child ever hurt an animal? \_\_\_\_\_

If yes – please

explain: \_\_\_\_\_

Has your child every played with fire? \_\_\_\_\_

If yes – please

explain: \_\_\_\_\_

Does your child physically hurt their person (self-mutilate)? \_\_\_\_\_

If yes – please explain:

\_\_\_\_\_

Does your child have explosive anger outbursts? \_\_\_\_\_

Has your child been diagnosed with any mental disorders? \_\_\_\_\_

If yes – what disorders:

\_\_\_\_\_

Has your child ever been diagnosed with any eating or sleeping disorders? \_\_\_\_\_

If yes – what disorders: \_\_\_\_\_

Is your child currently taking any prescription medications? \_\_\_\_\_

If yes – list medications: \_\_\_\_\_

Has your child contemplated or tried to commit suicide? \_\_\_\_\_

If yes – please explain:

\_\_\_\_\_

Please explain your child's living arrangements:

\_\_\_\_\_

\_\_\_\_\_

Does your child want to live at the Masonic-Eastern Star Home for Children? \_\_\_\_\_

Please list any other behavior or abuse situations that have not been mentioned?

\_\_\_\_\_

\_\_\_\_\_

Please describe your history and present living/working situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An employee of the Masonic-Eastern Star Home for Children will notify you if the Home is able to meet the needs of your child. If an employee of the Home has not contacted you within the next week – please contact Todd Thomason at 402-721-1185.

Thank you for being truthful and complete while you were completing this form.

Thank you for your interest in the Masonic-Eastern Star Home for Children!

\_\_\_\_\_  
Signature of person completing this form (parent/guardian)