3300 West Campus Road • West Columbia, SC 29170 • 803.896.6480 • WilLouGray.org

STEPS FOR APPLYING

1. Complete the entire application. Mail or fax the application to the admissions office. Fax to (803) 896-6463 or mail:

   Wil Lou Gray Opportunity School
   ATTN: Admissions
   3300 West Campus Road
   West Columbia, SC 29170

2. We will request records. If we need your help locating records, we will contact you. Medical records will require your assistance. If you already have the records, fax or mail a copy with the application.

3. Once all of the records are received, your application will be reviewed to determine appropriateness for the program. We will call and schedule an on-site interview. The enclosed driving directions will assist you in locating the correct building.

4. Please arrive on time with your student for the interview. Consent forms and information will be presented as a group and the interview will be one-on-one. The time you arrive on campus and sign-in for the interview determines the order of who goes in first. The first family to arrive will be the first interviewed and so on in that order.

   The on-site interview allows the admissions committee to evaluate the needs of the applicant and thoroughly define program expectations. In addition, it will give you the opportunity to decide if this program is the right match for you and your student.

5. The Admissions Committee will review each candidate and make their decision as soon as possible. If your student is accepted you will receive a packet of information concerning registration and important dates.

APPLICATION FOR ADMISSION

Student's Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____/_____/_____ Age: _____ ☐ Female ☐ Male

Are you a legal resident of South Carolina? ☐ Yes ☐ No Social Security No: _____-_____-_____

Ethnic Group: ☐ Caucasian/White ☐ African American/Black ☐ Hispanic ☐ Latino ☐ Asian

☐ Multi Racial ☐ American Indian ☐ Other _____

Parents/Legal Guardian: _____

Relationship to Student: _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ - _____ - _____
(Area Code)

Business Phone: _____ - _____ - _____
(Area Code)

Parents Cell Phone: _____ - _____ - _____
(Area Code)

Students Cell Phone: _____ - _____ - _____
(Area Code)

Parents Email: _____

Secondary Family Member:_____ Legal Guardian: ☐ YES ☐ NO

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Business Phone: _____ - _____ - _____
(Area Code) (Area Code)

Parents Cell Phone: _____ - _____ - _____ Email: _____
(Area Code)

Relationship to Applicant: _____

Student also known as: _____
(First) (Middle) (Last)

Is Student Adopted? ☐ Yes ☐ No If adopted, when:____ /_____ Student aware of adoption: ☐ Yes ☐ No
(Month) (Year)

How did you find out about Wil Lou Gray? _____

Have you applied to Wil Lou Gray in the past? ☐ Yes ☐ No, specify date: _____

Last school attended: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____
(Area Code) (Area Code)

Last date of attendance: _____ Last grade completed: _____

School District: _____

Do you receive Special Education Services? ☐ No ☐ Yes

Setting: ☐ Regular ED ☐ IEP/Resource Classes ☐ 504 Plan

Has student ever had any involvement with the legal system, even if charges were dismissed? ☐ Yes ☐ No

If so, list charge(s) & County:_____

Has student ever had a Probation Officer? ☐ Yes ☐ No

If so, Probation Officer's Name: _____ Phone Number: _____ - _____ - _____
(Area Code)

Are you currently pending a court date: ☐ No ☐ Yes, charge(s) _____

Please list all placements to include foster homes, group homes, detention centers, DJJ Evaluation Centers, treatment programs for substance abuse and psychiatric hospitalizations. If no placements, please complete by answering N/A.

PLACEMENT	DATES	REASON FOR PLACEMENT

DIGITAL RELEASE OF CONFIDENTIAL INFORMATION

It is requested that any professional information you have regarding the following applicant be released to the Wil Lou Gray Opportunity School. This includes any psychological reports, Individual Education Plans, medical reports, psychiatric evaluations, psychiatric hospital records, school transcripts, DJJ Evaluations, legal status documentation and other pertinent information that schools, counselors, or doctors may have.

I understand my refusal to consent to the release of the information specified above will prevent disclosure of such information to the Opportunity School, thereby removing my application from consideration or causing my dismissal from the program.

Student's Name: _____
(First) (Middle) (Last)

Student's Date of Birth: _____/_____/_____

Student's Social Security Number: _____/_____/_____

_____ _____
STUDENT'S SIGNATURE PARENT/GUARDIAN'S SIGNATURE

_____ _____
DATE DATE

This form requires collection and maintaining information protected by the Privacy Act of 1974 Authorized by 10 U.S.C., Section 275, 10205; and Executive Order 9397

Please mail or fax this information to:

The Admissions Office
Wil Lou Gray Opportunity School
3300 West Campus Road
West Columbia, SC 29170

Office: (803) 896-6461 • Fax: (803) 896-6463

MEDICAL HISTORY

☐ Female ☒ Male

Student's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Height: _____ Weight: _____ Race: _____

Please Check All That Apply to Student

✔		EXPLAIN	✔		EXPLAIN
☐	Anemia		☐	Tuberculosis	
☐	Bronchitis		☐	Mononucleosis	
☐	Asthma		☐	Scoliosis	
☐	Shortness of Breath		☐	Hernia	
☐	Chronic Cough		☐	Hepatitis	*Select:* ☐A ☐B ☐C ☐D
☐	Ear Problems		☐	Broken Bones	
☐	Nose Problems		☐	Prescribed Brace/Support	
☐	Throat Problems		☐	Cramps in Legs	
☐	Hearing Loss		☐	Foot Problems	
☐	Wear a Hearing Aid		☐	Back Pain/Injury	
☐	Eye/Vision		☐	Bone/Joint Deformity	
☐	Wear glasses or contacts		☐	Swollen/Painful Joints	
☐	Thyroid Problems		☐	Head Injury	
☐	Tumor, growth, cyst		☐	Neurological Problems	
☐	Cancer		☐	Memory Problems	
☐	Epilepsy/Seizures		☐	Headaches	
☐	Skin Disorders		☐	Dizziness/Fainting	
☐	Trouble Sleeping		☐	Frequent Indigestion	
☐	Been a Sleep Walker		☐	Stomach Problems	
☐	STD/HIV/AIDS		☐	Ulcers	
☐	High/Low Blood Pressure		☐	Intestinal Problems	
☐	Diabetes		☐	Gall Bladder Problems	
☐	Anorexia		☐	Liver/Jaundice	
☐	Bulimia		☐	Kidney Stones	
☐	Recent Gain/Loss of Weight		☐	Frequent/Painful Urination	
☐	Bed Wetting		☐	Body Injury/Scars	
☐	Disabling Injury/Illness		☐	Heart Problems	
☐	Stutter or Stammer Habitually		☐	Palpitations/Pounding Heart	
☐	Tattoo		☐	Pain/Pressure in Chest	
☐	Body Piercing		☐	Dental Issues	
☐	Sickle Cell		☐	Bleeding Problems	
☐	Sickle Cell Trait		☐	Orthodontic	
☐	Arthritis		☐	IBS/Colitis	
☐	Sinusitis		☐	Constipation	
☐	Bladder Infection		☐	Other	

SUBSTANCE ABUSE/USE:

☐ Tobacco Products ☐ Alcohol ☐ Marijuana/Spices ☐ Pills ☐ Other: _____

EMOTIONAL ISSUES:

☐ Mental Illness ☐ Depression/excessive worry ☐ Anxiety/Panic ☐ ADHD/ADD ☐ Hallucinations ☐ Schizophrenia

☐ Bipolar ☐ Oppositional Defiant Disorder (ODD) ☐ Obsessive-Compulsive Disorder (OCD) ☐ Posttraumatic Stress Disorder (PTSD)

☐ Personality Disorder ☐ Conduct Disorder ☐ Autism ☐ Suicidal thoughts/gestures ☐ Attempted suicide

BEHAVIORAL ISSUES:

☐ Physically aggressive ☐ Verbally aggressive ☐ Runaway ☐ Gang involvement ☐ Bullies

☐ Temper tantrums ☐ Easily frustrated ☐ Easily provoked ☐ Curses ☐ Violent

☐ Been physically abused ☐ Been Verbally abused ☐ Been Sexually abused ☐ Sexually abused others ☐ Abusive to self

Do you have any special dietary needs? ☐ No ☐ Yes _____

ALLERGIES:

☐ Medication: _____ Reaction: _____
☐ Foods: _____ Reaction: _____
☐ Bees/Insects: _____ Reaction: _____
☐ Latex _____ Reaction: _____
☐ Other: _____ Reaction: _____

HOSPITALIZATION: ☐ NO ☐Yes Where: _____
SURGERIES: ☐NO ☐Yes Where: _____

DATE:	REASON:
DATE:	REASON:
DATE:	REASON:

FEMALES ONLY:

☐ Are you pregnant ☐ History of Abortion ☐ History of Miscarriage ☐ Treated for a Female disorder

☐ Use of birth control ☐ Heavy menses ☐ Excessive cramping

INSURANCE:

Primary Health Insurance Company: _____ Policy ID#:_____

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

Medicaid ☐ NO ☐ YES Medicaid Identification Number: _____

LIST OF CURRENT MEDICATION:

Medication (Brand or Generic Name)	Dose	How Often Taken	Reason For Taking	Prescriber

My signature certifies that this information is truthful and correct. Any and all information found to be false will lead to termination of the interview.

_____ _____
STUDENT'S SIGNATURE PARENT/GUARDIAN'S SIGNATURE

_____ _____
DATE DATE

DIRECTIONS FOR INTERVIEW

FROM I-26: At Exit 113 turn west onto Highway 302 (Toward Columbia Airport) Turn Right onto Boston Avenue (At Lizards Thicket) Travel 0.7 miles Turn Right onto West Campus Road	**FROM I-20:** Go to I-26 East, Exit 113 Turn West onto Highway 302 (Toward Columbia Airport) Turn Right onto Boston Avenue (At Lizards Thicket) Travel 0.7 miles Turn right onto West Campus Road
FROM I-77: Go to I-26 West, Exit 113 Turn West onto Highway 302 (Toward Columbia Airport) Turn Right onto Boston Avenue (At Lizards Thicket) Travel 0.7 miles Turn Right onto West Campus Road	**FROM I-85:** Go to I-26, Exit 113 Turn West onto Highway 302 (Toward Columbia Airport) Turn Right onto Boston Avenue (At Lizards Thicket) Travel 0.7 miles Turn right onto West Campus Road
FROM I-95: Go to I-26 West, Exit 113 Turn West onto Highway 302 (Toward Columbia Airport) Turn Right onto Boston Avenue (At Lizards Thicket) Travel 0.7 miles Turn Right onto West Campus Road	**DIRECTIONS ON CAMPUS:** Travel straight on West Campus Road to the main parking lot facing the Administration Building. The entrance to the Administration Building is by the flagpole. Please come in for further assistance.