THE ACADEMY AT SISTERS

APPLICATION FOR ADMISSION

Contents:

A. Student information
B. Family information
C. Family history
D. Treatment history
E. Behavioral history
F. Social history
G. Emotional history
H. Educational history
I. Medical history
J. Treatment plan expectations
K. Treatment Needs Questionnaire
L. Signature page
M. Release of Information Authorization and Consent
N. Referral information
O. Items to bring upon admission

Admission approval is based on clinical, social, medical, educational, and behavioral appropriateness. Previous therapeutic information may be required to determine enrollment eligibility. Please sign and date the Release of Information Authorization and Consent, included in this application, so that we may request such records as needed. Also, please include any current therapeutic / psychological evaluations with this application.

Please fax completed application and accompanying documents to
(541) 389-2897
Attention: Janice Cummings
Or email to jcummings@academyatsisters.org

THE ACADEMY AT SISTERS

APPLICATION FOR ADMISSION

A. STUDENT INFORMATION			
Students's Full Name		Preferred Name (Nickname, etc.)	
Age	Date of Birth	Social Security Number	
Height	Weight	Eye Color	Hair Color
Distinguishing Features (birthmarks, scars, tattoos, piercings, etc.)		Is the student adopted? If so, at what age?	
Status of parents: (Married, divorced, separated)	With whom does the student live?	Custodial status: (Sole, primary, joint custody)	
If either parent is remarried, please list step-parents?			
List parents who will be involved in the student's treatment program			
Who is Financial Sponsor (Name / Address / Phone / Email)			
What are the current clinical / emotional / behavioral issues: (please ✓ all boxes that apply)			
□ Depression □ Anxiety □ Low self-esteem □ Bipolar □ ADD / ADHD	□ Oppositional Defiant (ODD) □ Obsessive Compulsive (OCD) □ Trauma / Abuse □ Relationship issues □ Eating Disorder	□ Alcohol use □ Drug use □ Self-harm □ Suicide attempts □ Runaway behavior	□ Sexually active □ Angry / resentful □ Negative peer group □ Withdrawn □ Poor grades
Specific events / behaviors leading to enrollment at The Academy at Sisters:			

B. FAMILY INFORMATION

Please submit a copy of the court order relating to custody of applicant with this application, if applicable. Custodial parent must sign where parental signature is required.

Who has legal custody?

Parents: please circle type Biological Adoptive Legal Guardian (Please list even if parent is deceased)

Mother / Father	Date of Birth	SSN	Business Name	Occupation
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address		Email Address	Highest education completed	
City	State / Zip	Marital Status: Single Married Divorced Widower		
If remarried, spouse name	Spouse email	Spouse cell phone	Spouse work phone	

Mother / Father	Date of Birth	SSN	Business Name	Occupation
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address		Email Address	Highest education completed	
City	State / Zip	Marital Status: Single Married Divorced Widower		
If remarried, spouse name	Spouse email	Spouse cell phone	Spouse work phone	

Other Guardian:	Date of Birth	SSN	Business Name	Occupation
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address		Email Address	Highest education completed	
City	State / Zip	Marital Status: Single Married Divorced Widower		
If remarried, spouse name	Spouse email	Spouse cell phone	Spouse work phone	

Siblings (bio/half/step/adoptive) **/ Other household members:**

Name	Age	Relation to student (bio/half/step/adoptive)	In household	Deceased

C. FAMILY HISTORY
List any significant medical, emotional, or drug use history with any family members (include extended family)
Please describe the pregnancy with your daughter (normal, complications, etc.)
Please describe the birthing process (normal, prolonged, breech, etc.)
Did your child achieve developmental tasks on time (walking, crawling, talking, etc.)?
Describe the overall personality of your daughter in the following three phases:
Birth to six (6) years of age -
Seven (7) to Twelve (12) years of age -
Thirteen (13) years of age to current age -

Describe the relationship between your daughter and her biological father
Describe the relationship between your daughter and her biological mother
Describe the relationship between your daughter and her step or adoptive father (if applicable)
Describe the relationship between your daughter and her step or adoptive mother (if applicable)
Describe the relationship between your daughter and her siblings (if applicable)
Describe the history of parent / guardian marriage or relationship
If there has been a divorce or separation, describe the history and your daughter's reaction. How old was she?

Estimate the amount of time each week the following typically spend one on one with your daughter:
Biological Mother / Father -
Biological Mother / Father -
Step / Adoptive Mother / Father -
Step / Adoptive Mother / Father -
Estimate the amount of time each week your daughter has access to the following:
Biological Mother / Father -
Biological Mother / Father -
Step / Adoptive Mother / Father -
Step / Adoptive Mother / Father -

D. TREATMENT HISTORY	
Has your daughter ever received counseling, psychological or psychiatric services? Yes No	
If Yes, list counselor, out-patient therapy, family therapy, acute in-patient hospitalizations, therapeutic boarding school, wilderness program, etc.:	
Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone
Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone
Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone
Has your daughter ever had psychological testing? Yes No	If testing was completed in the past two years, please attach testing results with this application.
Describe any specific disorders your daughter has been diagnosed with (depression, anxiety, eating disorders, etc.)	

E. BEHAVIORAL HISTORY	
Describe your daughter's strengths, interests and accomplishments	
Describe your daughter's weaknesses or most significant challenges	
Has your daughter demonstrated violence toward self, others, property, etc.?	
Describe any violence, bizarre activity, gang affiliation, or cult activity	
Describe any runaway history (style, length, where, contact, home, friends, etc.)	
Describe any substance abuse history, frequency and duration (alcohol, drugs, prescription or over the counter drugs)	
Describe any juvenile history, current or previous, and the disposition (shoplifting, burglary, curfew violations, court action, etc.)	
Does she have community service hours to complete? Yes No If Yes, how many hours?	
Does the court have legal/temporary custody of your daughter? Yes No	Is she court-ordered into treatment? Yes No
If Yes, presiding court / location	
Probation Officer	Phone
Address	

F. SOCIAL HISTORY	
Is your daughter sexually active? Yes No	Does she have a boyfriend? Yes No
Is your daughter generally respectful to authority? Yes No	
If No, please explain	
How many very close friends does your daughter have?	
Describe your daughter's general social skills (outgoing, less / more mature, mean to friends, socially isolated, etc.)	
Describe your daughter's main peer group	
Describe a general history of her social life (especially if there have been recent changes)	

G. EMOTIONAL HISTORY	
Does your daughter have trouble expressing emotions? Yes No	
General description of any emotional problems / concerns	
Describe any trauma your daughter has experienced (physical or sexual abuse, rape, violence, loss, etc.)	
Have the proper authorities been notified? Yes No	
If Yes, what agency was notified	Date
Outcome / status:	

H. EDUCATIONAL HISTORY		
Describe your daughter's school performance in three phases (grades, teacher relationship, classroom behavior)		
Kindergarten through 5th Grade -		
6th through 9th Grade -		
9th through Current Grade -		
Most recent school attended	Current Grade	Is she deficient in credits?
Address		
Counselor	Phone	
Has she ever skipped or failed a grade in school? Yes No		
If Yes, please explain		
Has your daughter ever been suspended / expelled? Yes No		
If Yes, please explain		
Level of functioning (IQ), Advanced or Honors classes, Remedial or Special Ed classes		
Has your daughter ever been or is she currently on an IEP? ___ ; 504 Plan? ___		
Please explain		
Has your daughter ever been given educational testing? Yes No		
If Yes, has she been diagnosed with any learning disabilities?		
Please explain		
Favorite Classes		
Least Favorite Classes		
Hobbies / Special Interests		
What do you perceive as your daughter's current academic needs?		

I. MEDICAL HISTORY		
Describe your daughter's general health		
Date of last medical exam	Date of last eye exam	
Date of last dental exam	Date of last hearing exam	
Date of last tetanus inoculation	Date of last menstrual period	
Physician Name		Phone
Address		
Dentist Name		Phone
Address		
Has your daughter been treated for any chronic illness, fractures, surgery, etc.? Yes No		
If Yes, please provide the following		
Physician		Phone
Date(s)	Diagnosis	Medication(s)
Physician		Phone
Date(s)	Diagnosis	Medication(s)
Physician		Phone
Date(s)	Diagnosis	Medication(s)
Does your daughter have any of the following?		
Allergies (medications, food, animals, etc.)	Sexually Transmitted Disease	
Asthma / Diabetes	Hallucinations	
Other		
Does your daughter need any of the following? (please circle) Glasses, contacts, hearing aid, braces, etc.		
Other		
Does your daughter have any condition(s) which would prevent her from participating in the daily academic program, recreational activities, physical education, etc.? Yes No		
If Yes, please explain		
Does your daughter have any special dietary needs? Yes No		
If Yes, please explain		

Has your daughter attempted suicide or does she have a history of self-harm? Yes No			
If Yes, please explain			
Has your daughter had any of the following? (please ✓ all boxes that apply)			
□ Ear infection(s) □ Migraines □ Frequent colds □ Asthma □ Pneumonia □ Heart condition	□ Hay Fever □ Kidney Disorder □ Chronic anemia □ Chicken Pox □ Long-Measles □ 3-Day Measles	□ Rheumatic Fever □ Polio □ Mumps □ Typhoid Fever □ Diabetes □ Rheumatoid Arthritis	□ Scarlet Fever □ Tuberculosis □ Positive PPD □ Pregnancy(s) □ Abortion(s) □ HIV / AIDS
Please provide information about condition(s) selected that includes (dates, physicians, diagnosis, medications, etc.)			
Does your daughter have any other medical / physical condition(s)? Yes No			
If Yes, please explain			
Oregon law ORS 433.267 requires evidence of immunizations or a medical or religious exemption. Immunization records must be received within one week of enrollment. Students without proper immunization records must be excluded from school attendance, if records are not received within 30 days.			

Explain your daughter's history with regard to taking medication (resists, hordes, compliant, irregular, etc.)
Has your daughter been recently taken off any medication? Yes No
If yes, please explain circumstances.

MEDICATIONS: Please list all medications your daughter is currently taking, including prescription and non-prescription drugs. Include any medication(s) your daughter has stopped taking in the last 60 days. To list additional medication(s), please copy this page and attach it as a separate sheet. Thank you.

Plan to send a month's supply of all required medications. If your daughter is using an inhaler, please send two.

Medication Name:	mg. tablets (if applicable):
Dosage:	Per:
Starting Date:	Date to be completed (if applicable):
Diagnosis:	
What specific symptoms / behaviors are being treated by this medication?	
Potential risks with dehydration or irregular food intake with this medication? Yes No	
If yes, please explain	
Is medication sun-sensitive? Yes No	
Known side effects:	
Is your daughter stabilized on this medication? Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)	
Prescribing Physician:	Phone

Medication Name:	mg. tablets (if applicable):
Dosage:	Per:
Starting Date:	Date to be completed (if applicable):
Diagnosis:	
What specific symptoms / behaviors are being treated by this medication?	
Potential risks with dehydration or irregular food intake with this medication? Yes No	
If yes, please explain	
Is medication sun-sensitive? Yes No	
Known side effects:	
Is your daughter stabilized on this medication? Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)	
Prescribing Physician:	Phone

Medication Name:	mg. tablets (if applicable):
Dosage:	Per:
Starting Date:	Date to be completed (if applicable):
Diagnosis:	
What specific symptoms / behaviors are being treated by this medication?	
Potential risks with dehydration or irregular food intake with this medication? Yes No	
If yes, please explain	
Is medication sun-sensitive? Yes No	
Known side effects:	
Is your daughter stabilized on this medication? Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)	
Prescribing Physician:	Phone

J. TREATMENT PLAN EXPECTATIONS
Parent(s) / Guardians(s)
What life goals do you desire for your daughter?
What do you perceive as your daughters life goals and ambitions?
What are your expectations for involvement in assessment, treatment, and continuing care?
What is your expectation for your daughter upon discharge from The Academy at Sisters?
List any additional information you feel is important:

K. TREATMENT NEEDS QUESTIONNAIRE

Parent(s) or Guardian(s) – Please mark any symptom your daughter has displayed in the past year or any that may worry you. Some symptoms are listed twice. Please mark it twice as the symptoms are grouped according to diagnosis and are significant in the treatment process.

□ Depressed mood most of day (indicated by daughter or by your observation); feeling tearful or empty □ Irritable mood □ Diminished interest in pleasurable or goal-oriented activity □ Significant weight loss when not dieting □ Significant weight gain (5% change in a month) □ Decrease in appetite; increase in appetite □ Insomnia	□ Hypersomnia □ Psychomotor agitation □ Psychomotor retardation □ Significant fatigue; loss of energy □ Feelings of worthlessness □ Excessive or inappropriate guilt □ Diminished ability to think or concentrate □ Indecisiveness □ Recurrent thoughts of death; recurrent suicidal ideation □ Suicide plans □ Past suicide attempt	□ Feelings of hopelessness □ Low self-esteem □ Social isolation □ Inability to express herself to significant others □ Feels better when something good happens □ Depression worse in morning □ Early morning awakening; long-standing sensitivity to interpersonal rejection □ Heavy, leaden feelings in arms or legs
□ Period of abnormally elevated or irritable mood for more than one (1) week □ Increase in goal-directed activity □ Inflated self-esteem □ Pressured speech □ Decreased need for sleep	□ Grandiosity □ More talkative than usual □ Flight of ideas □ Psychomotor agitation □ Distractible □ Excessive involvement in activities with a high potential for painful consequences (shopping sprees, sexual indiscretion, high-risk activities, binges, etc.)	
□ Pattern of negative behavior □ Hostile behavior □ Defiant behavior □ Resentful □ Deliberately annoys others □ Argues with adults □ Spiteful or vindictive	□ Angry □ Sense of entitlement □ Actively defies or refuses to comply with adult requests or rules □ Often loses temper with adults □ Blames others for her mistakes or misbehavior □ Touchy or easily annoyed by others □ Dishonesty, shoplifting, running away from school, truant from school	
□ Fails to give close attention to detail(s) □ Makes careless mistakes in schoolwork, work or other activities □ Often forgetful in daily activities □ Often does not seem to listen when spoken to directly □ Does not follow through with instruction(s) □ Difficulty sustaining attention in task or play activities □ Difficulty organizing tasks and activities	□ Avoids or dislikes engaging in tasks requiring sustained mental effort □ Fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand) □ Often leaves seat in classroom or in other situations in which remaining in seat is expected □ Often fidgets with hands or feet or squirms in seat □ Difficulty playing or engaging quietly in leisure activities	□ Talks excessively □ Often feels restless □ Difficulty waiting her turn □ Often interrupts or intrudes on others □ Often 'on the go' or acts as if 'driven by a motor' □ Often blurts out answers before questions have been completed □ Often loses things necessary for task or activities (assignments, books, pencils, etc.)

If your daughter has experienced or witnessed an event involving actual or threatened death, serious injury, or to the physical integrity of self or others, has she exhibited any of the following?

□ Recurrent and intrusive distressing recollections of the event (images, thoughts, or perceptions) □ Her response to the experience involved intense fear, helplessness or horror □ Recurrent distressing dreams of the event □ Acting or feeling as if the traumatic event is recurring □ Intense psychological distress at exposure to internal or external cues that symbolize or resemble any aspect of the traumatic event □ Diminished interest or participation in significant activities	□ Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event □ Inability to recall an important aspect of the trauma □ Efforts to avoid thoughts, feelings, or conversations associated with the trauma □ Efforts to avoid activities, places or people that arouse recollections of the trauma □ Restricted range of moods □ Sense of a foreshortened future □ Difficulty falling or staying asleep □ Hyper vigilance	□ Feeling of detachment or estrangement from others □ Difficulty concentrating □ Exaggerated startle response □ Irritability or outbursts of anger □ Excessive anxiety and worry for at least six (6) months □ Restlessness or feeling keyed up or on edge □ Difficulty concentrating or mind going blank □ Difficulty controlling the worry □ Irritability □ Muscle tension □ Being easily fatigued □ Sleep disturbance
□ Discreet periods of intense fear or discomfort □ Palpitations, pounding heart, or accelerated heart beat □ Chest pain or discomfort □ Numbness or tingling limbs □ Trembling or shaking □ Sensations of shortness of breath or smothering □ Sweating	□ Feeling dizzy, unsteady, lightheaded, or faint □ Fear of dying □ Feelings of choking □ Chills or hot flashes □ Nausea or abdominal distress □ De-realization or self-detachment □ Fear of standing in lines □ Fear of heights □ Fear of losing control or going crazy	□ Fear of closed places □ Fear of crowds □ Anxiety about being in places that can be embarrassing □ Fear of speaking in public □ Fear of being alone □ Fear of leaving home □ Fear of flying □ Fear of animals
□ Recurrent thoughts or impulses that cause marked anxiety or distress that are not about real life problems □ Attempts to deal with the thoughts with some other thought or action □ Ritualistic behavior □ Understands these thoughts are a product of her own mind	□ Repeatedly washing hands □ Behaviors or mental acts aimed at preventing some dreaded event □ Checking things over and over again □ Repetitive behaviors or mental acts she feels driven to perform in response to an obsession □ Uncomfortable when things are not in perfect order (clothes, food on a plate, towels, etc.)	
□ Use of any drug, Cannabis (Marijuana), amphetamines, Cocaine, hallucinogens, inhalants, alcohol, nicotine/tobacco, other □ Tolerance – needs increased amounts of the same substance to achieve desired effect □ Tolerance – marked diminished effect with the same amount of the substance □ Withdrawal – classic withdrawal symptoms OR taking a similar substance to avoid withdrawal symptoms	□ The substance is taken in larger amounts or over a longer period of time than what she intended □ Persistent desire or unsuccessful attempts to reduce usage □ Great amounts of time spent in drug related activities □ Important parts of life are given up or reduced due to usage □ Continued use despite knowledge of harm to self and others	□ Recurrent use resulting in failure to fulfill a major role obligation (school, family, work, friends, etc.) □ Use in physically hazardous situations (car, needles, etc.) □ Related legal problems (arrests, under-age use, etc.) □ Continued use despite recurrent relationship problems (arguments, family stress, social problems, school problems)

□ Refusal to maintain body weight at or above a minimally normal weight for age and height □ Intense fear of gaining weight or becoming fat □ Perceives self as much larger or fatter than she really is □ (If she's had her first menstrual cycle) absence of at least three consecutive menstrual cycles □ Regularly engages in binge eating or purging behavior (i.e. self-induced vomiting or the misuse of laxatives, diuretics, or enemas)	□ Denial of the seriousness of low body weight □ Self-evaluation overly influenced by weight / body shape □ Binge eating episodes – Eating very large amounts of food (clearly more than most people would eat) in a discrete period of time □ Sense of lack of control over eating □ Binge eating episodes are recurrent □ Self-induced vomiting □ Misuse of laxatives □ Recent tooth decay	□ Cuts on backs of hands □ Recurrent inappropriate compensatory behavior in order to prevent weight gain □ History of physical complaints occurring over a long time □ Preoccupied with physical problems, sick often
□ Several discreet episodes of failure to resist aggressive impulses resulting in serious assaultive acts or destruction of property □ Degree of aggressiveness expresses during episodes is grossly out of proportion to any precipitating stressors	□ Impairment in the use of multiple nonverbal behaviors (eye-to-eye gaze, facial expressions, body postures, gestures, etc.) □ Failure to develop age appropriate peer relationships □ Lack of social or emotional reciprocity	□ Preoccupation with restricted patterns □ Preoccupation with parts of objects □ Stereotyped and repetitive motor mannerisms □ Inflexible adherence to routines or rituals □ Lack of spontaneous seeking to share enjoyment or interest

L. SIGNATURE PAGE

Name of person completing application: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____
(Home) (Work)

Email address: _____

Relationship
to student: _____

I certify that all the information in this application is true and complete to the best of my knowledge.

_____ _____
Signature of Preparer Date

M. RELEASE OF INFORMATION AUTHORIZATION AND CONSENT

RELEASE OF INFORMATION AUTHORIZATION AND CONSENT

TO WHOM IT MAY CONCERN:

I, _____, am the parent/guardian of _____ (student). Student's date of birth is_____. As the parent/guardian of student, I am authorized to consent to the release of information concerning student. I request that all information concerning student's condition and background be provided to The Academy at Sisters. Therefore, I authorize the Academy at Sisters, or its agents, to contact the following sources for information concerning student for the purpose of obtaining information and documentation related to student.

Physicians and Medical Institutions	Attorneys
Educational Institutions and Programs	Psychological Counselors and Clinics
Drug or Alcohol Treatment Programs	Insurance Companies
Juvenile Authorities	Law Enforcement Agencies
Vocational Training and Placement Programs	

I hereby authorize _____ to release to The Academy at Sisters, or its the following additional information:

_____

_____

_____

(Describe what information is to be disclosed)

I understand that the information requested may be protected by federal and/or state law and that I am not required to sign this consent. It is my understanding that all information concerning student will be treated as confidential by The Academy at Sisters, or their agents. This document has been explained to my satisfaction.

This consent shall remain in effect until the earlier of: termination of student's enrollment at The Academy at Sisters, or until Student's 18th birthday.

A person or entity to whom a duplicate of this release (containing copies of signatures of the parties) is delivered, may rely on the duplicate, whether provided by photocopy, facsimile, or otherwise. They may also rely on the representation of The Academy at Sisters that student's enrollment is current.

DATED this _____ day of _____, _____.

_____ _____

Parent/Guardian Signature Parent/Guardian Signature

_____ _____

Parent/Guardian Name (Printed) Parent/Guardian Name (Printed)

_____

Witness Signature

_____

Witness Name (Printed)

N. REFERRAL INFORMATION

How were you referred to The Academy At Sisters?

□ Education Consultant □ Mental Health Professional □ Other Professional □ Alumni / Parent □ Wilderness Program □ Other Program Name of Source / Phone / Address _____ _____ _____	□ Advertisement (NATSAP, Woodbury Reports, etc.) _____ □ Internet Site _____ □ Search Engine used: □ Google □ Yahoo □ Other _____ What specific key words helped you find us? _____ _____ _____

Knowing what sets us apart from other programs is important to The Academy at Sister's staff. This section is designed to help us understand, from your perspective, what you like about our program. Any information you provide in this section is greatly appreciated.

What other program(s) did you consider for your daughter's placement, if any?

Why did you choose The Academy at Sisters over other programs? Please ✓ all boxes that apply.

□ Location □ Price □ Academic Component □ Program Philosophy / Personal Growth Component □ Equestrian Program	□ Recreational Opportunities □ Staff □ Environment □ Non-Profit Organization □ Other (please specify below)

Please elaborate on items checked above and include any additional comments you may have:

O. ITEMS TO BRING UPON ADMISSION

THE ACADEMY AT SISTERS

ITEMS TO BRING UPON ADMISSION

Legal Documents:

- Copy of Birth Certificate or Adoption Certificate
- Photo ID (if applicable)
- Custody documents (if applicable)
- Academic Transcripts
- IEP / 504 Plan Records

Medical:

- Immunization Record
- Copy of medical insurance card
- Thirty day supply of all necessary medications
- Medical and Dental Records

Clothing:

See Page 21 of Admission Application.

Linens:

- All linens will be provided by the Academy at Sisters

Hygiene Items:

The following is a list of hygiene items that The Academy at Sisters provides. You may supply your daughter with her preferred brand, if you wish.

- Toothbrush / Toothpaste
- Face wash / Body wash
- Shampoo / Conditioner
- Deodorant
- Lotion

THE ACADEMY AT SISTERS

ITEMS TO BRING UPON ADMISSION

Item (✓)	Description	Quantity	Notes
Clothes			
	Bathing Suit (one-piece or full coverage tankini)	1	
	Bathrobe	1	
	Bras (sport)	2	
	Bras (standard)	3	
	Jacket (fleece pullover or zip-up)	1	
	Jacket (waterproof shell)	1	
	Pajamas	2	
	Pants (jeans or twill)	4	no super-low waisted
	Exercise Pants/ yoga pants or capris	2	
	Pants (Khaki or black)	2	for school
	Shorts (loose fitting)	2	must come to fingertips
	Socks (cotton)	5	
	Socks (polypro/wool)	4	
	Sweatshirt/Sweaters	2	
	T-shirts (short and long-sleeved)	5	must come to waist
	Underwear (polypro / thermal long)	2	tops and bottoms
	Underwear (standard)	10	
	Dress Code is Conservative		
	✹ *Nothing with stains*		
	✹ *Clothes must be proper size and modest (no overly baggy or tight)*		
	✹ *No spaghetti straps (unless worn underneath shirt) or bare midriff shirts*		
	✹ *No clothing that makes reference to drugs, alcohol, tobacco, or bands*		
	✹ *Makeup: blush, mascara, lipstick, nail polish - Natural colors only*		
Shoes			
	Running	1	for PE and Running Program
	Walking/casual	1	
Other			
	Alarm clock	1	not clock radio
	Day pack (standard backpack style)	1	
	Sunglasses (UV protected)	1	
If admission is between *March - September*, please include the following items *			
	Backpack (multi-day)	1	
	Hat / visor (sun)	1	
	Hiking boots (high top; waterproof)	1	
	Sandals (river / hiking)	1	Tevas or Chacos recommended
If admission is between *September - March*, please include the following items *			
	Gloves / mittens (warm / waterproof shell)	1	
	Hat (warm / waterproof)	1	
	Scarf / neck gaiter (waterproof)	1	
	Ski goggles	1	
	Ski jacket (waterproof)	1	
	Ski pants (waterproof)	1	
	Snow boots (waterproof)	1	
	**** The Academy has some of the items listed above for borrowing, if needed***		