



**HIGH SCHOOL / GED:**

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ to \_\_\_\_\_. Year and Month of High School Graduation: \_\_\_\_\_  
Date of GED Graduation: \_\_\_\_\_

If you do not have a diploma or GED, are you willing to get your GED?  YES  NO  
If you are currently enrolled in a GED Program, where are you enrolled? \_\_\_\_\_

**COLLEGE INFORMATION:** Please list all colleges where you have been enrolled, even if you withdrew or did not complete a full term.

College Name	City & State	Credit Hours	Degree Earned	Years Attended
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

When was the last time you used drugs, alcohol or narcotic medications? \_\_\_\_\_

What was your usage pattern and for how long? \_\_\_\_\_

Have you been in a recovery/rehab program \_\_\_\_\_, When \_\_\_\_\_

**PROGRAMS COMPLETED:** Please list all programs: recovery programs (such as; AA or other 12 step programs, Christian Life programs) counseling, and self-evaluation.

Date	Program Name/Type	City & State	Contact Phone
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

**EMPLOYMENT HISTORY:**

**FROM:** \_\_\_\_\_ **NAME:** \_\_\_\_\_  
**TO:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **NAME:** \_\_\_\_\_  
**TO:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **NAME:** \_\_\_\_\_  
**TO:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

I certify that the information given on this application is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from Victory Trade School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*“Keeping your job. . . earning your keep”*

**DATA INFORMATION SHEET**

Each student's right of confidentiality is respected at Victory Trade School. All information pertinent to each resident is treated in a confidential manner and is accessible only to authorized staff. All discussions regarding a student are treated as confidential and limited to authorized personnel.

**STUDENT NAME:** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
City County State Country

**If not a U.S. citizen, what is the country of your citizenship:** \_\_\_\_\_

**If born outside the U.S., when and where were you made a U.S. Citizen?**

\_\_\_\_\_  
When - Date Where - City State

**Are You a Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what branch of the military did you serve in?** \_\_\_\_\_

**If no, have you registered with the armed services?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a valid driver's license?**  Yes  No

If yes, what state: \_\_\_\_\_ Drivers license Number: \_\_\_\_\_

Number Street Apt. # City State Zip

**ARREST RECORD:**

**Have you ever been arrested?**  Yes  No

If yes, where: \_\_\_\_\_ When - date: \_\_\_\_\_

Were you convicted? ?  Yes  No Charges: \_\_\_\_\_

If yes, where: \_\_\_\_\_ When - date: \_\_\_\_\_

Were you convicted? ?  Yes  No Charges: \_\_\_\_\_

If yes, where: \_\_\_\_\_ When - date: \_\_\_\_\_

Were you convicted? ?  Yes  No Charges: \_\_\_\_\_

**Are you currently on:**  Probation  Parole

Probation/Parole Officer: \_\_\_\_\_

Probation/Parole Officer's Phone: (\_\_\_\_) \_\_\_\_\_

**MEDICAL**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Address; \_\_\_\_\_  
Number Street Apt # City State Zip

Do you have health insurance?  Yes  No  Medicare  Medicaid

If yes, name of company: \_\_\_\_\_

Medical Policy Number: \_\_\_\_\_ What is your blood type? \_\_\_\_\_

Are you allergic to any drugs or medicines?  Yes  No

If yes, list them: \_\_\_\_\_

Have you had a major illness or operation?  Yes  No

If yes, give details:

What: \_\_\_\_\_ When: \_\_\_\_\_

What: \_\_\_\_\_ When: \_\_\_\_\_

Please list all medications you are currently taking?

What: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

What: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

What: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

REMINDER: Each student's right of confidentiality is respected at Victory Trade School. All information pertinent to each resident is treated in a confidential manner. All written material is kept in a locked area and is accessible only to authorized staff. All discussions regarding a student are treated as confidential and limited to authorized personnel.

I certify that the information given on this request form is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from Victory Trade School.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**







**Phone: 417-864-2222**  
**Fax: 417-831-9980**

**Transcript Request**

This form is provided as a convenience for students to order copies of required transcripts. Please mail this form directly to the high school, GED program, or the college that you attended.

**Student Information:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Social Security Number

\_\_\_\_\_  
Address:    Number    Street                      Apt.#                      City                      State                      Zip

( ) \_\_\_\_\_  
Phone Number                      Date of Birth

**High School Information:**

\_\_\_\_\_  
Name of School                      City                      State                      Dates Attended and Year Graduated

**College or University Information:**

\_\_\_\_\_  
Name of School                      City                      State                      Zipcode

\_\_\_\_\_  
Degree Earned                      Years Attended                      Year Graduated

**Please send an official copy of my transcripts to:**

**Victory Trade School  
1715 Boonville,  
Springfield, MO 65803**

\_\_\_\_\_  
**Signature**                      **Date**

It is the student's responsibility to get transcripts.