



# Little Keswick School

Incorporated

*A Therapeutic, Special Education Boarding School for Boys*

www.littlekeswicksschool.net

Phone: 434-295-0457

Fax: 434-977-1892

P.O. Box 24

Keswick, VA 22947

## FACE SHEET FOR \_\_\_\_\_

Full Name: \_\_\_\_\_

Last Known Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religious Preference of Child/Family: \_\_\_\_\_

Full name of father or legal guardian: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full name of mother: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Person having custody/guardianship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Placing Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(other than parent/guardian)

Address: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

### DISCHARGE INFORMATION:

Date of Discharge: \_\_\_\_\_ Reason for Discharge: \_\_\_\_\_

Name(s) and Address(es) of person(s) to whom the student was discharged: \_\_\_\_\_

Forwarding Address of Student: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date of Admission:	_____
Date of School Enrollment:	_____