

Court Order _____

Date Received by CSTP _____

The Arkansas National Guard
Civilian Student Training Program
Referral Application

All students must be court ordered to CSTP: copy of court order must be received prior to intake
Please complete each blank

Name: _____ DOB: _____

SSN: _____ Race: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Socio/Psychological Assessment available: Yes / No (If Yes, please attach a copy).

Past treatment programs / institutions, dates and reasons for admission (if none, please write "none"):

Medication: Yes/No (if Yes, list type, daily dosage & reason): _____

Allergies: Yes/No (If yes, list. Ex: poison ivy, bee sting etc.): _____

Last school attended: _____ Date last attended _____ Grade: _____

Special school services provided, if any: _____

Student is required to have a physical exam dated within 90 days of enrollment and must be received prior to intake

Referring Judge: _____ County: _____

Referring Juvenile Officer: _____ Phone: _____

Parent. Guardian Name: _____ Parent/Guardian SSN: _____

Parent / Guardian phone (H) _____ (W) _____

Current Charges: _____

Past Adjudication: _____

*** Incomplete or obsolete forms may be returned***

CSTP Form R Jan 00. All previous form are obsolete.