

2017-2018 The Hillside School Application

APPLICANT

Legal Name _____ Preferred Name (nick name) _____

Date of Birth _____ O Female O Male Grade _____ Expected Graduation Year _____ SSN _____

Student Cell # _____ E-mail Address _____

Home Address _____ City _____ Zip Code _____

FAMILY

Please list both parents below, even if one is deceased or no longer has legal responsibility for you. If you are a minor with a legal guardian, then please list that information as well.

Parent 1: O Mother O Father O Other _____ **Parent 2:** O Mother O Father O Other _____

Name _____ Name _____

Phone: Hm# (____) _____ Wk# (____) _____ Phone: Hm# (____) _____ Wk# (____) _____

Mobile # (____) _____ Mobile # (____) _____

Address _____ Address _____

City _____ Zip code _____ City _____ Zip code _____

Occupation _____ Employer _____ Occupation _____ Employer _____

E-mail _____ E-mail _____

FUTURE PLANS

Entry Term to Hillside: O Fall O 2nd Quarter O 2nd Semester O 3rd Quarter O Summer School

O Full-time O Part-time O Dual-enroll If Dual enrolled, with what high school? _____

After high school: O College O Community college O Trade or Technology School O Specialty School O Uncertain

Do you intend to apply for need-based financial aid? O Yes O No.

Academic Interest _____

Career Interest _____

DEMOGRAPHICS

This information is used solely for the purpose of accreditation and licensing through the state department of education.

Are you a US Citizen: O Yes O No If not birthplace _____

Are you Language proficient: O Yes O No. If so what language(s): _____

Are you: O Hispanic/Latino O Black or African American O Asian O White O American Indian or Alaskan O Middle Eastern

O Other _____

EDUCATION

Most recent school attended _____

School Type: Public Private Independent Private Religious Home School Charter Date last attended _____

Address _____ City _____ State _____ Zip _____

Principal's / Counselor's name _____

Telephone (_____) _____ E-mail _____ Fax (_____) _____

Please list all schools attended thus far: _____

Special Services

Does the student have a diagnosed learning disability? Yes No Is the student on medication? Yes No

Does the student have an emotional disability? Yes No Has the student been identified as "Gifted"? Yes No

Does the student have a social disability? Yes No Does the student have an IEP? Yes No If so please provide the most recent copy.

Please provide the following: Most recent transcript, STAR or standardized test scores, High School Proficiency Exam results.

Disciplinary History

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade forward, whether related to academic misconduct or behavioral misconduct that resulted in a disciplinary action? These actions could include, but are not limited to probation, suspension, removal, dismissal, or expulsion from the institution.

Yes No

2. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No

If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

EXTRACURRICULAR ACTIVITIES AND WORK EXPERIENCE

Activity _____ Total Hours _____ Grade level and year _____

Position held / commendations _____

Activity _____ Total Hours _____ Grade level and year _____

Position held / commendations _____

WRITING

On a separate piece of paper and no more than 250 words, please briefly explain why you would like to come to The Hillside School and what would you like to achieve from your experience at the school?

◇ I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is factually true, honestly presented, and that these documents will become the property of The Hillside School to which I am applying and will not be returned to me.

Signature _____ Date _____

MEDICAL INFORMATION

Pediatrician/Family Physician _____ Phone (____) _____

Address _____ Zip code _____

Psychologist _____ Phone (____) _____

Address _____ Zip code _____

Psychiatrist _____ Phone (____) _____

Address _____ Zip code _____

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) and California law, The Hillside School may not exchange your health information except as provided by your consent. Your completion of this form means that you are giving permission for exchange of information regarding the mental health of your student and The Hillside School in order to better serve your student.

I hereby authorize the mental health/health practice (s) listed above to disclose and/or exchange mental health information with **The Hillside School and Learning Center** concerning:

(Student's Name, Date of Birth, Address)

Please list any limitations to the information that may be exchanged:

I understand that by signing this form **The Hillside School and Learning Center** may exchange information with the person/persons stated above.

Date: _____ Signed: _____

Relationship: _____