

2018-2019

The Hillside School Application

APPLICANT - STUDENT INFORMATION

Student Legal Name _____ Preferred Name (nick name) _____
Date of Birth _____ Female Male Grade _____ Expected Graduation Year _____
Student Cell # _____ Student E-mail Address _____
Home Address _____ City _____ Zip Code _____

FUTURE PLANS

Entry Term to Hillside: Fall 1st Quarter 2nd Quarter Spring 3rd Quarter 4th Quarter
 Full-time Part-time Dual-enroll If Dual enrolled, with what high school?

After high school: 4 year College Community college Trade or Technology School Specialty School Uncertain

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

Academic Interest _____

Career Interest _____

FAMILY

Please list both parents below, even if one is deceased or no longer has legal responsibility, or a minor's legal guardian, then please list that information.

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

DEMOGRAPHICS

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

Is student a US Citizen? Yes No If not, citizenship?

Is student English Language proficient? Yes No If not, primary language(s)? _____

Please choose all that apply for student: Latino African American Asian/Pacific Islander Caucasian Native American Middle Eastern Other _____

Referred by: Friend Psychologist MD (list): _____ Internet search Other

(list): _____

4331 Oak Grove Drive, La Cañada-Flintridge, CA 91011
Phone: 818.790.3044 Administrative Office / schwartz@hillsidehc.org / www.hillsideforsuccess.org

Special Services

Does the student have a diagnosed learning disability? Yes No Please list: _____

Is the student on medication? Yes No Please list: _____

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 yes, please provide the most recent copy.

Please provide the following: Most recent transcript, CAASP, PSAT, SAT, ACT, High School Proficiency Exam results, or any standardized test scores.

Disciplinary History

If student answers “yes” to either of the following questions, please give the approximate date of each incident, explain the circumstances, and reflect on what has been learned from the experience.

1. Has the student ever been found responsible for a disciplinary violation at any educational institution attended from the 6th grade forward, whether related to academic misconduct or behavior 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

If yes, please explain: _____

2. Has the student ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No

If yes, please explain: _____

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- STUDENT ESSAY

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 _____

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SCHOOL RELEASE

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 _____

Please list all schools attended thus far: _____

I hereby authorize the exchange of any and all pertinent information between the above noted school

And The Hillside School and Learning Center

Student Name: _____ DOB: _____

School ID number: _____

Date: _____ Parent/Guardian Signature: _____

Relationship: _____

Hillside School and Learning Center requests the following information for the purpose of educational planning, assessment and possible remedial intervention:

- ▶Transcripts
- ▶School records from teacher, counselor, etc.
- ▶All Standardized Testing results: PSAT, SAT, ACT, CAASP Test, or any psychoeducational assessments.
- ▶Other relevant information

I hereby certify that the information received will be used only for the purpose noted above and will not be transmitted to others.

Date: _____

Signed: _____

Robert A. Frank, Executive Director

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MEDICAL RELEASE

Pediatrician/Family Physician _____ Phone (____) _____

Email address: _____

Address: _____ Zip code _____

Psychologist _____ Phone (____) _____

Email address: _____

Address: _____ Zip code _____

Psychiatrist _____ Phone (____) _____

Email address: _____

Address: _____ Zip code _____

As required by the Health Insurance Portability and Accountability Act (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 health of your student and The Hillside School in order to better serve your student.

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

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

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

Date: _____

Parent/Guardian Signature: _____

Relationship: _____

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