

# The Hillside School Application for School Year \_\_\_\_\_

## 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 9<sup>th</sup> 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

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: \_\_\_\_\_