



2019 Summer School Registration

Student's Legal Name: _____ DOB: _____ High School Graduation year: _____

School in the Fall: _____ Grade in Fall 2019: 9 10 11 12 Student Email: _____

Has student attended Hillside before? No / Yes, most recent year: _____ Program(s): Night / Summer / Day / ET

Does student have an IEP or 504: ___ no ___ yes, please include a copy with this registration form

Student ethnicity (Please choose only one): Asian Black or African American White Armenian Hispanic Other

Parents: Do you expect your child to go to college? Yes No

Parent Education Level: ___ Not a high school graduate ___ High school graduate ___ Some College

___ College Graduate ___ Graduate school/post graduate training ___ Decline to state or unknown

Fees: One class: \$875.00 - Discounted multi-class rate: \$850.00 per class - Science lab fee: \$75.00 per class
All one-on-one credit classes will be billed at a fee of \$900 per semester, however; **if the student exceeds 15 hours, additional hours will be billed at an hourly rate of \$65.00 per hour.**

A **non-refundable** \$200.00 deposit per class is due at time of registration. **Tuition to be paid in full by May 31, 2019. No refunds will be made after the second day of class. See terms and conditions.** All invoices will be sent via email unless otherwise requested. A convenience fee of 3.7% will be added to all payments made by credit card.

REGISTERING FOR: [Full Year: 6/17/19 to 7/26/19](#) [Semester A: 6/17/19 to 7/05/19](#) [Semester B: 7/08/19 to 7/26/19](#)

Please circle one:

Please circle one:

First Class: _____ Time: _____ Full Year – Semester A – Semester B Remediation - Acceleration

Second Class: _____ Time: _____ Full Year – Semester A – Semester B Remediation - Acceleration

A maximum of two classes can be taken during the summer session, unless approved by Hillside Administration

Parent contact information:

Mother's name: _____ Home phone #: (____) _____ Cell #: (____) _____

Address: _____ City: _____ Zip code: _____

Email address: _____ Work #: (____) _____

Company name: _____ Position: _____

Father's name: _____ Home phone #: (____) _____ Cell #: (____) _____

Address: _____ City: _____ Zip code: _____

Email address: _____ Work # (____) _____

Company name: _____ Position: _____

If parents have separate addresses, with whom does the child reside? Mother / Father
To whom does the school send paperwork (contract, billing, grades, etc.)? Mother / Father

See reverse for Terms and Conditions.

The 2019 Hillside School Summer Course Contract

Please initial the following **Terms and Conditions**:

I understand I am not registered for any classes until I submit, in person, all paperwork and registration fees to The Hillside School. Enrollment is on a first-come, first-serve basis. If the requested class is full, I will be notified by Hillside.

I understand a **non-refundable** \$200 deposit per class is due at time of registration. Summer School tuition is to be paid in full by **Friday, May 31, 2019**. **If full payment is not received by May 31st, the student will be dropped from the class(es) and the deposit will be forfeited.** All invoices will be emailed unless otherwise requested.

I understand no refunds will be made after the second day of class. At this time, full tuition will be forfeited.

I understand I may not be enrolled in more than two classes at any time during summer session, unless approved by Hillside administration.

I understand any absence exceeding three* days for a full year/10 unit class or 1.5 days for a semester/5 unit class will result in partial credit for the course. (Government and Econ are considered two separate classes each worth 1 semester/5 units.) Therefore, a maximum of 1.5 days per class can be missed). 3 tardies = 1 absence. Missing more than 15 minutes of any class is considered an absence. *Online classes: only 1 absence is allowed during the 6 week period.

Student transcripts will be automatically submitted to the student's home base high school unless otherwise advised. Please send final transcript to: _____

Photo Release: I do/do not grant permission for my child's photo to be used for publicity purposes for The Hillside School & Learning Center. These photos will be used strictly for informational purposes (e.g., website, press releases, and brochures). I acknowledge these photos are the sole property of Hillside and no compensation will be received. _____ I **do** give permission _____ I **do not** give permission

Parent/Guardian signature _____ Date _____

To be completed by Hillside:

| | |
|--|---------------------------|
| Number of Classes: _____ | Amount Owed: \$ _____ |
| | Science Lab Fee: \$ _____ |
| Payment method: | Deposit paid: \$ _____ |
| Check: (made payable to Hillside School) # _____ | Balance Due: \$ _____ |

V/MC No: _____ Expiration date: _____ Security Code: _____

Card billing zip code: _____

Signature: _____

EMERGENCY FORM

HS Grad Year _____

Student's Name _____ M ___ F Grade _____

Address _____ City _____ Zip _____ Birthdate _____ Phone _____

Father's Name _____ Father Home # _____

Address _____ Father Work # _____

Father E-Mail _____ Father Cell # _____

Mother's Name _____ Mother Home # _____

Address _____ Mother Work # _____

Mother E-Mail _____ Mother Cell # _____

If parents have separate addresses, with whom does the child reside? Mother / Father

Note special medical problems/allergies to medications: _____

List two local alternatives to which your child may be released if unable to contact parents:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Emergency Medical Authorization

In case of an emergency, and if I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of the above named student, a minor, do hereby authorize a representative of the The Hillside School and Learning Center and/or the alternates listed above to act as agent(s) to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the The Hillside School and Learning Center to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 25.18 of the Civil Code of the State of California and is effective unless revoked in writing. I/we understand that The Hillside School and Learning Center does not provide accident medical insurance for students for school-related injuries.

On (Date): _____ at (City): _____, California

In the event of a disaster, if parents or alternates are not available, my child may be released to an adult familiar to them. Yes ___ No ___

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorization:

Signed (Father or Male Guardian)

Signed (Mother or Female Guardian)

Note: Signature of both parents needed unless single parent or guardian with legal custody. If you are a single parent with legal guardianship, please circle your name.

School Release

I hereby authorize the exchange of any and all pertinent information between:

Name: La Canada High School
Address: 4463 Oak Grove Drive, La Canada, CA 91011
Telephone: (818) 952-4200 Fax: (818) 952-4214

And The Hillside School and Learning Center

Student Name: _____ DOB: _____
LCHS School ID number: _____
Date: _____ Signed: _____
Relationship: _____

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

- Transcripts
- Teacher / Counselor evaluation (see enclosed forms)
- Assessment Results: SAT, SAT 9, CAT-6, STAR Test (intelligence, achievement, perception, language, motor, projective). Please include subtest scores and related written summaries and recommendations.
- Passed Exit Exam: Written Math
- Cumulative and special reports
- 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



School Release

I hereby authorize the exchange of any and all pertinent information between:

Name: _____
Address: _____
Telephone: _____ Fax: _____

And The Hillside School and Learning Center

Regarding: _____ DOB: _____
School ID number: _____
Date: _____ Signed: _____
Relationship: _____

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

- _____ Transcripts
- _____ Teacher / Counselor evaluation (see enclosed forms)
- _____ Assessment Results: SAT, SAT 9, CAT-6, STAR Test (intelligence, achievement, perception, language, motor, projective). Please include subtest scores and related written summaries and recommendations.
- _____ Passed Exit Exam: _____ Written _____ Math
- _____ Cumulative and special reports
- _____ 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

Win 2019 Summer School Tuition!

Here are the details:

Buy 1 ticket for \$5 each or 5 tickets for \$20

Come in to purchase or call us for credit card purchases.

Raffle winner will receive **\$675**

towards a summer school class for 2019 summer.
no cash value/non-transferable

Drawing will be June 14th, 2019 – winner does not need to be present

We gladly accept cash or check.

A \$20 minimum is required for credit card purchases.

Call 818-790-3044 for more information

