



## 2020 Summer School Registration

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ High School Graduation year: \_\_\_\_\_

School in the Fall: \_\_\_\_\_ **Grade in Fall 2020:** 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

A **non-refundable** \$200.00 deposit per class is due at time of registration. **Tuition to be paid in full by May 29, 2020. 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: 6/15/20 to 7/24/20](#) [Semester A: 6/15/20 to 7/02/20](#) [Semester B: 7/06/20 to 7/24/20](#)

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:

Parent #1 name: \_\_\_\_\_ Home phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Company name: \_\_\_\_\_ Position: \_\_\_\_\_

Parent #2 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 2020 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 29, 2020**. **If full payment is not received by May 29<sup>th</sup>, 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: \_\_\_\_\_

The Hillside School and Learning Center  
**EMERGENCY FORM**

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

Student Name: \_\_\_\_\_ 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:

- [X] Transcripts
Teacher / Counselor evaluation (see enclosed forms)
[X] 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