



# HILLCREST SCHOOL



## ADMISSION REQUIREMENT FOR REGULAR TERM

- I. Hillcrest School exists for the purpose of serving learning different children with unique educational needs (i.e. Attention Deficit Disorder and/or dyslexia). Admission to Hillcrest School is without regard to race, sex, national origin or religious belief and is based upon the following criteria:
- A. Meeting requirements listed in Section II.
  - B. Availability of student opening at appropriate grade level.
  - C. Agreement of family to pay full tuition unless scholarship help is requested and granted.
  - D. Determination by the school that placement at Hillcrest is appropriate for the applicant and the school.
- II. The following must be received before an applicant is considered for acceptance:
- \_\_\_\_\_ Application for Enrollment
  - \_\_\_\_\_ Interview with parent or guardian
  - \_\_\_\_\_ Visitation in classroom by applicant
  - \_\_\_\_\_ Test results and records from previous school
  - \_\_\_\_\_ Test scores on intellectual assessment
- III. The following must be received when the applicant is accepted as a Hillcrest School student and prior to the first day of classes:
- \_\_\_\_\_ Tuition Payment Agreement
  - \_\_\_\_\_ Completion of enrollment packet
  - \_\_\_\_\_ Current and updated immunization records
  - \_\_\_\_\_ All fees paid in full
- IV. Any exceptions to the stated requirements must have approval by the Executive Director.



# HILLCREST SCHOOL

## 2011-2012



### Authorization to Consent to Medical Treatment of a Minor

I, \_\_\_\_\_, as the Parent or Guardian of the child named below, make the following authorization, and release.

By my signature, hereby give authority to THE HILLCREST SCHOOL (it being an educational institution in which my child is enrolled), its directors, officers, or employees, to consent to medical treatment for the child named below, in the event that my child becomes ill or is injured and I cannot be contacted for such authorization. I hereby release and hold harmless THE HILLCREST SCHOOL, the Hillcrest Education Corporation, their officers, directors, and employees from any and all liability resulting from actions taken pursuant to this authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Witness

DEMOGRAPHIC INFORMATION  
2011-2012

**STUDENT NAME:** \_\_\_\_\_

**PARENT NAME:(1)** \_\_\_\_\_

(2) \_\_\_\_\_

**ADDRESS: (1)** \_\_\_\_\_

(2) \_\_\_\_\_

**PHONE NUMBERS:**

**Home:** \_\_\_\_\_

**His Work:** \_\_\_\_\_

**Her Work:** \_\_\_\_\_

**Student Cell:** \_\_\_\_\_

Please check if you DO NOT wish cell numbers & email information to be included in the directory.

His Cell: \_\_\_\_\_

Her Cell: \_\_\_\_\_

Email Address: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Grandparent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grandparent Name: \_\_\_\_\_

Address: \_\_\_\_\_

I wish to receive E-newsletters (please check)

I wish to receive any and all electronic messages that the school sends out.

How did you hear about Hillcrest School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Filename: admissionforms  
Directory: C:\Documents and Settings\Owner\My Documents\2011-2012\enrollment  
Template: C:\Documents and Settings\Owner\Application Data\Microsoft\Templates\NORMAL.DOT  
Title: HILLCREST SCHOOL  
Subject:  
Author: Carrie Herman  
Keywords:  
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Creation Date: 8/3/2011 10:44:00 AM  
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