



**Hillcrest School
Enrollment Packet
2023-2024**

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
 - _____ Acceptable immunization record
 - _____ All fees paid in full
- IV. Any exceptions to the stated requirements must have approval by the Executive Director.



2023-2024
Release of Records and Information

I, _____, as the Parent or Guardian of the child named below do hereby authorize _____ to release any information or records regarding my child to the Hillcrest School.

Date

Child's Name

Parent or Guardian Signature

I understand that Hillcrest School will be requesting the following information:

1. Report Cards
2. Immunization Records
3. Test Scores
4. Psychological Testing/Formal Diagnosis
5. Discipline Reports
6. Phone Consultation
7. All other pertinent information

Please be advised that this student is under consideration for admission to the Hillcrest School.
Please fax or mail all information to:



HILLCREST SCHOOL

2023-2024

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

HILLCREST SCHOOL

2023-2024

Health and Emergency Treatment Information

Name: _____ Date of Birth: _____

Grade level: _____

Parent or Guardian: _____

Street Address: _____ City _____ Zip Code _____

Home phone: _____

Child's Physician: _____

Address: _____

Phone: _____

Any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, and any other information which staff should be aware of:

IN CASE OF EMERGENCY CONTACT:

1. _____
(NAME) (ADDRESS) (PHONE)

2. _____
(NAME) (ADDRESS) (PHONE)

I, _____, as the parent or guardian of the child named below hereby give permission to the HILLCREST SCHOOL, and its employees to administer the prescription medication listed below which my child is to receive in the dosages and at the intervals as specified below. I understand that it is my responsibility to see that the medication is delivered to the school in the **original prescription bottle**, that any change in dosages or schedules must be reported in writing to the school as soon as possible. I understand that **my child's prescription bottle must match the dosage they are to receive**.

CHILD'S NAME: _____

Name of Prescribing Physician

PRESCRIPTION MEDICATION: _____

DOSAGE: _____

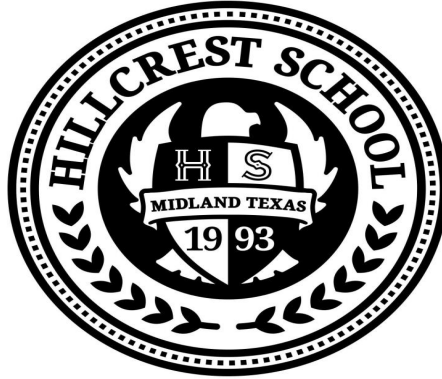
Physician's Phone Number:

PRESCRIPTION MEDICATION: _____

DOSAGE: _____

DATE: _____

Signature: _____



2023-2024

Dear Parent(s),

We are off to a great start of another awesome year at Hillcrest School. It is wonderful to see everyone!

Below is a form that will give your permission for Hillcrest to administer over the counter medication(s) to your child. Please complete the form and ***include a small bottle of any medication you would allow us to administer, such as Tylenol, Advil, Tums, or allergy medication.*** State law now prohibits dispensing any medication, even over the counter that has not been provided by a parent for their student. Also, please label the container with your child's name.

Your prompt response to this request is greatly appreciated.

Thank you,

Betty N. Starnes
Executive Director

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OVER THE COUNTER MEDICATION

I _____, as parent or guardian of _____
authorize Hillcrest School to administer the following over the counter medications to
_____ as I have prescribed below.

1. _____ dosage _____
2. _____ dosage _____
3. _____ dosage _____

Signature



**2023-2024
HILLCREST SCHOOL
Student Drivers Form**

Student Name

School Year

Driver's License Number _____

Car Information:

License plate number _____

Make _____

Year _____

Color _____

Insurance information:

Attach a copy of students D.L. and a copy of auto insurance for our records.

Thank you for your time and corporation.

HILLCREST SCHOOL



2023-2024
PERMISSION TO PICK UP STUDENT
CARPOOL INFORMATION

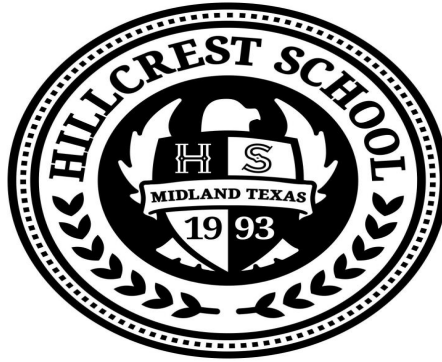
THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP OUR CHILD AFTER SCHOOL OR FOR SPECIAL APPOINTMENTS FROM THE HILLCREST SCHOOL.

NAME	RELATION TO STUDENT	TELEPHONE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Student Name

Parent Signature

Hillcrest will not allow anyone except the designated drivers to pick up your child outside of his/her parent or guardian. Please be advised that any special circumstances or change of regularly scheduled pick-up require written permission or notification of advisory teacher.



DEMOGRAPHIC INFORMATION
2023-2024

STUDENT NAME: _____

PARENT NAMES: _____

ADDRESS: _____

PHONE NUMBERS:

Home: _____

Parent One Work: _____

Parent Two Work: _____

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

{ Parent One Cell: _____ Email: _____

{ Parent Two Cell: _____ Email: _____

{ Email Address: _____

Contact person other than parent:

Name: _____

Phone Number: _____

Grandparent Name: _____

Address: _____

Grandparent Name: _____

Address: _____

____ Please check if you wish to receive E-newsletters.

How did you hear about Hillcrest School? _____
