



**Hillcrest School
Enrollment Packet
2021-2022**

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.



2021-2022
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
2021-2022

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

2021-2022

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: _____

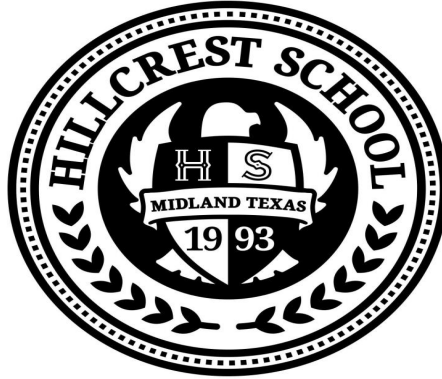
Physician's Phone Number:

PRESCRIPTION MEDICATION: _____

DOSAGE: _____

DATE: _____

Signature: _____



2021-2022

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

~~~~~

**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

# Hillcrest School

## 2021-2022

Technology/ Internet Usage Agreement

### Acceptable Use Policy



*All students must have an AUP on file. Please sign and return as soon as possible. Thank you.*

## 2021-2022

# HILLCREST SCHOOL TECHNOLOGY/ INTERNET USAGE AGREEMENT ACCEPTABLE USE POLICY

*Internet access is available to students, teachers, and employees in the Hillcrest School. We are pleased to offer this resource and believe it provides vast, diverse, and unique opportunities. Our goal in providing current technologies to students, parents, teachers, and employees of Hillcrest School is to insure the educational value of technology resources. Technology users need to be aware that the intentional inappropriate use of school resources, in any location, will result in consequences which may include reprimand, exclusion from technology assets, loss of network privileges, suspension, and/or expulsion. Use of the Hillcrest technology is a privilege and may be revoked by the school at any time and for any valid reason. Hillcrest reserves the right to inspect and/or remove files, limit or deny access, and refer the User for further disciplinary action.*

**1. Acceptable Use-** The purpose of our network, which is the backbone network to the internet, is to support research and for education in and among academic institutions in the United States by providing access to resources and providing opportunities for collaborative work. The use of technology resources must be for education or research purposes and consistent with the educational objectives of Hillcrest School. We reserve all rights to any material stored in files that are generally accessible to others and will remove any material that Hillcrest School, at its sole discretion, finds to be unlawful, obscene, pornographic, abusive, non-educational, or otherwise objectionable. Users agree not to access, obtain, view, download, or otherwise gain access to such materials. Users may not transmit any material in violation of any federal, state, or municipal law, including copyrighted material, threatening or obscene material and information protected by trade secret. Users may not use technology resources for gaming, plagiarism, copyright infringement, commercial activities, and/or product advertisement.

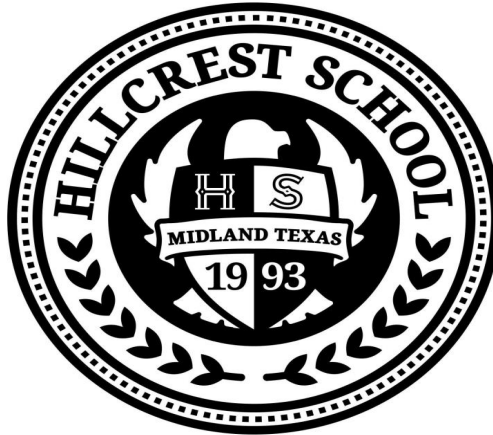
**2. Use of Technology Resources Is a Privilege-**The use of the technology resources is a privilege, not a right, and inappropriate use can result in a cancellation or limitation of those privileges. Internet usage is only allowed under the supervision of a Hillcrest School staff member. The system administrators determine what is inappropriate use and reserve the right to remove files or limit or deny access, that determination being conclusive and final. The administration, faculty, and staff of Hillcrest School may also request the system operator to deny or limit specific user access to technology resources. Appropriate reasons for revoking privileges include, but are not limited to, the altering of configurations and programs on or through the computer system.

**4. Vandalism-** Vandalism will result in immediate consequences. These consequences will include, but are not limited to cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data and/or equipment. This includes, but is not limited to, the uploading or creation of computer viruses, installing unapproved software, and changing equipment configurations.

## Computer/Internet Access Guidelines

- All who wish access to the Internet must have an Acceptable Use Policy (AUP) on file with the Hillcrest School. For students, this policy must be signed and dated by both the student and parent/guardian. It is everyone's responsibility to know and abide by the provisions of the AUP.
- Students may not access the Internet unless there is a faculty/staff member present to supervise all activities.
- Files are not to be downloaded from the Internet without permission of the Hillcrest School Technology Coordinator.
- No one is to use the Hillcrest School e-mail or Internet e-mail to buy or sell items.
- Students are not to use any e-mail.
- Students are not to use floppy disk in a school computer unless it is scanned for virus.
- No one is to install games or play them from a floppy disk at anytime.
- No one is to knowingly and willingly damage, alter, or destroy any property of the Hillcrest School.





2021-2022

## ACCEPTABLE USE POLICY TECHNOLOGY/ INTERNET USAGE AGREEMENT

I have read, understand, and agree to abide by this Technology/ Internet Use Agreement while at school. I further understand that any violation of this agreement may constitute a criminal offense and can result in my access privileges being revoked or limited, school disciplinary action, or appropriate legal action.

In consideration for the privileges of using the Hillcrest School computers, and in consideration for having access to information contained on the network, or by the network, I hereby release the Hillcrest School Corporation and their board members from any and all claims of any nature arising from my use of the network.

### SIGN AND RETURN TO THE OFFICE

Student's name (please print): \_\_\_\_\_ ADVISORY \_\_\_\_\_

Student's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### Parent Agreement for Students

As the Students' (User) parent or legal guardian, I have read this policy and agree to all its' provisions. I accept responsibility for my child and his/her actions related to the use of Hillcrest School network, computer system and related hardware and software.

Signature of Parent of User, if a student \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_ DATE \_\_\_\_\_

**This page needs to be signed and returned to the school office** before the student is allowed to use a computer, the network, or the Internet.



## DEMOGRAPHIC INFORMATION 2021-2022

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

**PARENT NAMES:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBERS:**

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

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

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

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

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

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

{ 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**2021-2022  
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.

| <b>NAME</b> | <b>RELATION TO STUDENT</b> | <b>TELEPHONE#</b> |
|-------------|----------------------------|-------------------|
| 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.*



**2021-2022  
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

2021-2022

## Hillcrest School Cell Phone Policy

Maintaining the integrity of the learning environment is our top priority at Hillcrest School. IN order to maintain a safe, respectful, and productive environment, we are asking all students who intend to bring a cell phone to school to sign this contract.

- ❖ If a student intends to bring a cell phone to school, they must have this signed contract on file in the office.
- ❖ Students must turn the phone off during the duration of the school day.
- ❖ Students must place the cell phone on the upper right corner of their desk while in a class.
- ❖ Teachers may direct students to use their cell phones for assignments in individual classes.
- ❖ During lunch, P.E., or assemblies, students must turn their cell phones into their advisors.
- ❖ **CELL PHONES MAY NOT BE USED AT ANY TIME DURING THE DAY OR ANYWHERE ON CAMPUS WITHOUT A TEACHER'S PERMISSION.**

Should a student violate the cell phone policy, disciplinary action will be taken. The privilege of bringing the cell phone to school will be revoked and the cell phone confiscated. Should confiscation of a cell phone occur, the parent must retrieve the phone from the director.

Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my cell phone while on school grounds. The school is not obligated to investigate the loss or damage of any cell phone that I bring to school or school event.

\_\_\_\_\_  
Student Signature /Cell Phone Humber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature/Cell Phone Number

\_\_\_\_\_  
Date