



APPLICATION FOR ADMISSION

Academic Year _____

Date _____

FAMILY INFORMATION

Name of Applicant _____ Phone _____

Street Address _____ City _____ Zip _____

Birthdate _____ Age _____ Sex _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____

Marital status of parents _____ With whom does child live? _____

Legal guardian of child _____

CHECK APPROPRIATE LINE

- _____ Natural Child
- _____ Adopted Child
- _____ Foster Child
- _____ Other

At what age? _____
For how long? _____
Explain _____

Have there been any traumatic events in the child's life which has had a lasting effect?

List names and ages of brothers and sisters. Indicate by a check if sibling is living in the home.

Do other family members have difficulties with academics, attention and/or hyperactivity?

_____ Yes _____ No If yes, please describe _____

How did you find out about Hillcrest School and/or who referred you? _____

EDUCATIONAL INFORMATION

Current School _____ Grade _____

List other schools and dates attended _____

Has child received any special education or tutoring? _____ Yes _____ No

If yes, please describe. _____

Has child received psychological counseling? _____ Yes _____ No

When? _____ For what reason? _____

Name of counselor _____

Has child been in a special program for behavioral challenges? _____ Yes _____ No

If yes, please describe. _____

Has child ever been in a residential educational and/or treatment program? _____ Yes _____ No

If yes, please describe. _____

Has child repeated a grade? _____ Yes _____ No

If yes, which grade(s) _____ Reason _____

At what point did you suspect that your child might have learning problems? _____

CHECK AND EXPLAIN THE DIFFICULTIES YOUR CHILD HAS:

- | | |
|----------------------------------|-----------------------------|
| _____ Math | _____ Study Skills |
| _____ Reading | _____ Organizational Skills |
| _____ Spelling | _____ Behavior |
| _____ Handwriting | _____ Motor Control |
| _____ Language | _____ Hearing |
| _____ Speech | _____ Vision |
| _____ Attention | _____ Orthopedic |
| _____ Hyperactivity | _____ Other |
| _____ Relationship with Peers | |
| _____ Relationship with Parents | |
| _____ Relationship with Teachers | |

Explain _____

CHECK APPLICABLE ASSESSMENTS (Please attach copies of assessment reports.)

- | | | |
|----------------------------------|-------------|------------|
| _____ Learning Disability | Where _____ | Date _____ |
| _____ Attention Deficit Disorder | Where _____ | Date _____ |
| _____ Psychological | Where _____ | Date _____ |
| _____ Speech/Language | Where _____ | Date _____ |
| _____ Hearing | Where _____ | Date _____ |
| _____ Vision | Where _____ | Date _____ |

What diagnosis has been given for your child's learning difficulties? _____

Please provide any additional information about your child that would be helpful in planning his/her individual program. _____

MEDICAL INFORMATION

List substances to which child is allergic and describe allergic reaction. _____

Does child have urinary and/or bowel problems? _____ Describe _____

Please list medical conditions which were significant (high fever, accidents, etc.)

Describe general health _____

Physician's name _____ Phone _____

Is child currently on regular medication? _____ If Yes, complete following.

Medication _____

For what purpose? _____ Length of time on medication

HANDEDNESS _____ Right handed _____ Left handed _____ Ambidextrous

Does child wear glasses? _____ If Yes, should he/she wear them at all times? _____

GENERAL INFORMATION

List what child does with free time. _____

List what child does not like to do. _____

What are child's hobbies or interest. _____

List child's greatest strengths and weaknesses. _____

DEFINITION OF LEARNING DIFFERENT

A language-learning different child shall be defined as a child with average or above-average intelligence, with adequate vision and hearing, without primary emotional disturbance who has failed or is a high risk to fail when exposed to school experiences using conventional educational techniques. Language-learning differences are the result of auditory and visual processing dysfunction and include the specific language disorder, dyslexia and the related disorders of ADD/ADHD, specific math disability, specific written expression disability, specific oral language disorder, a developmental motor disorder.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Hillcrest School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, scholarship and loan programs, and athletic and other school administered programs.



2800 North A Street
Midland, Texas 79705
432.570.7444
432.684.9675
www.hillcrestschool.org



Hillcrest School

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:

2800 North A Street Midland, Texas 79705 432.570.7444 fax 432.684.9675

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