



7415 Lookout Rd  
Longmont, CO 80305  
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kathy@hillsidelearning.org

## Application for Admission

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Grade in School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

<b>PARENT SECTION</b>
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Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address

Address (if different)

\_\_\_\_\_

Number Street

\_\_\_\_\_

Number Street

\_\_\_\_\_

City State Zip

\_\_\_\_\_

City State Zip

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Profession \_\_\_\_\_

Profession \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

If the applicant does not live with both parents, please describe the custody arrangement for each parent.

\_\_\_\_\_  
\_\_\_\_\_

Who has legal custody? \_\_\_\_\_

**FAMILY HISTORY**

Please list other children in your family:

Name	Age	Present grade in school
1 _____		
2 _____		
3 _____		
4 _____		

Is your child adopted?  YES  NO IF "YES", at what age? \_\_\_\_\_

**SCHOOL HISTORY**

Please list the schools that the applicant attended during the last two years.

Name of School	Street Address	City	State	Zip	Grades(s) Attended
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current Type of School:

- Public
- Private
- Home School
- Other (please identify): \_\_\_\_\_

Educational Concerns (check all that apply):

- |                                                                                                        |                                                                |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Difficulty with reading                                                       | <input type="checkbox"/> Difficulty with abstract concepts     |
| <input type="checkbox"/> Difficulty with spelling                                                      | <input type="checkbox"/> Difficulty with arithmetic            |
| <input type="checkbox"/> Difficulty with handwriting                                                   | <input type="checkbox"/> Difficulty with maintaining attention |
| <input type="checkbox"/> Difficulty with school attendance                                             | <input type="checkbox"/> Difficulty with organization          |
| <input type="checkbox"/> Difficulty with written language                                              | <input type="checkbox"/> Difficulty with receptive language    |
| <input type="checkbox"/> Difficulty with fluency in:<br>reading, math, writing (circle all that apply) | <input type="checkbox"/> Difficulty with expressive language   |

Other Educational Concerns (please specify): ***use back side if needed***

## MEDICAL HISTORY

1. Please describe any health problems of the applicant of which the School should be aware:

2. Has the applicant ever had any special testing or tutoring?  Yes  No

(Please include speech language, OT., etc.)

If yes: Name of examiner: \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain the testing and/or tutoring that took place:

3. Has the applicant ever received psychological counseling?

Yes  No

4. Has the applicant ever been treated for any mental illness or psychological disorder?

Yes  No

If yes, please explain.

Does your child have any chronic or serious health problems, any health restrictions or limitations, or any allergies? Please describe:

Is your child currently taking any medications?

Yes  No

If "YES", please list:

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>PURPOSE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **PARENT STATEMENT**

(Please use back or add additional pages as needed)

Describe your child's strengths:

What are your child's favorite activities:

Describe your child's social relationships at home and at school:

Describe any problems with behavior or attention by your child that have been brought to your attention by the current school staff:

How does your child handle frustration (resistive, argumentative, shuts down, etc.)?

Is there anything else you would like to tell us about your child?

Which session do you prefer?

If the session you choose is full, Kathy Sherman will contact you immediately.

\_\_\_\_\_ Morning session 8:00-11:00

\_\_\_\_\_ Afternoon session 12:00-3:00

\_\_\_\_\_ Either session

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Please check all items you have enclosed with this application:

\_\_\_\_\_ Application

\_\_\_\_\_ \$75 Application Fee (may be paid online at [hillsidelearning.org/forms/](http://hillsidelearning.org/forms/))

\_\_\_\_\_ Testing (WISC and/or Woodcock-Johnson)—if available

Hillside School admits students of any race, color, creed, disability or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. Hillside School does not discriminate on the basis of race, creed, disability, or national origin in the administration of its educational policies, admissions policies, financial aid, or any other programs administered by the School.

As parent/legal guardian of the applicant, I hereby confirm that the information on this application is correct and pertinent information about behavior has not been withheld.

Signature \_\_\_\_\_

Date \_\_\_\_\_