



# ENROLLMENT APPLICATION FORM

Date of Application: \_\_\_\_\_

## STUDENT INFORMATION

Student's Full Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_  
First Middle Last

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

School Name \_\_\_\_\_ (Circle one) Public Private Homeschool

For which HillSprings Academy Program are you applying?

- Morning Program    
  Mid-Day Program    
  After-School Program    
  Summer Program

## PARENT INFORMATION

Parent 1 Name \_\_\_\_\_

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

Address

Address (if different)

\_\_\_\_\_ Street

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ City State Zip Code

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

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

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

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Profession \_\_\_\_\_

Profession \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

Financial correspondence should be sent to: \_\_\_\_\_

HILLSPRINGS ACADEMY is a non-profit organization serving high-potential students in grades 1-8 with learning differences and/or attention-deficit/hyperactivity disorder.

**FAMILY INFORMATION**

Step-parent Name (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

List other children in your family:

Name	Age	Name	Age
1. _____		3. _____	
2. _____		4. _____	

Is your child adopted?     Yes     No            If so, at what age? \_\_\_\_\_

Are any siblings diagnosed as SLD or ADHD?                       Yes     No

Is either parent diagnosed as SLD or ADHD?            Mother  Yes     No            Father  Yes     No

**SCHOOL INFORMATION**

List all schools previously attended:

Name	City/State	Grades	Dates Attended
1. _____			
2. _____			
3. _____			

Which of the following services, if any, does the student receive at the current school? Check all that apply.

SLD     ADHD     Speech     IEP     SED     504     OT     Autism     Resource

Has your child ever been subject to major disciplinary action (suspension or dismissal)?     Yes     No

If yes, give dates and details. Use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

Provide the following information regarding the teacher you have requested to complete the Teacher Recommendation Form. (This form is required for HillsSprings to consider your application complete.)

Teacher Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Information: \_\_\_\_\_  
Name Address Phone

Medical Conditions/Restrictions/Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
\_\_\_\_\_

Does the student wear glasses?  Yes  No

Has the student been diagnosed with a specific learning disability (SLD) or attention-deficit/hyperactivity disorder (ADHD)?  
 Yes  No If yes, where was the student evaluated?

Name of Psychologist: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

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

Outside of the school setting, has the student received any of the following services?

Psychological counseling?  Yes  No If yes, please complete:

Counselor Information: \_\_\_\_\_  
Name Address Phone

Occupational therapy?  Yes  No If yes, please complete:

OT Information: \_\_\_\_\_  
Name Address Phone

Speech/language services?  Yes  No If yes, please complete:

SLP Information: \_\_\_\_\_  
Name Address Phone

Has the student ever been treated for any mental illness or psychological disorder?  Yes  No

If yes, please describe: \_\_\_\_\_

Psychologist/Psychiatrist Information: \_\_\_\_\_  
Name Address Phone

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

**PARENT QUESTIONNAIRE**

Write a brief description of your child. (Use additional sheet if needed.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's greatest strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's areas of greatest need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's social relationships at home and at school. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With this application, please submit the following:

- Copy of your child's most recent report card (if applicable)
- Copy of your child's IEP or 504 Plan (if applicable)
- Copy of the diagnosis report for your child's learning difference (if applicable)
- \$50 Application Fee

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_