

Hillcrest Academy



Date of application _____

Student Data

First Name _____ Middle _____ Last _____ nickname or preferred name _____

Gender male female Social Security # _____

Date of birth _____ Age _____ Place of birth _____
City, County, state _____

Address _____

City _____ State _____ zip _____

Primary hours of care from: _____ until: _____ (preK only)

Parent Data

Parents are: Together Separated Divorced Mother deceased Father deceased

If parents are not together, who has legal custody? _____

Student lives with: Mother and Father Mother and Stepfather Father and Stepmother
 Guardians Mother primarily Father primarily

Father's Name _____

Home address _____

Phone (____) _____ Occupation _____

Employer address _____

Work phone (____) _____ Born again Christian? _____

Cell phone (____) _____

Mother's Name _____

Home address _____

Phone (____) _____ Occupation _____

Employer address _____

Work phone (____) _____ Born again Christian? _____

Cell phone (____) _____

Legal Guardian _____

Home address _____

Phone (____) _____ Occupation _____

Relationship _____

Work phone (____) _____ Born again Christian? _____

Cell phone (____) _____

Family Data

Other children in family:

Name: _____ Age ____ Grade ____ School _____

Name: _____ Age ____ Grade ____ School _____

Name: _____ Age ____ Grade ____ School _____

Other household members:

Name: _____ Age: _____ Relationship _____

Church family attends _____ Attend regularly? Yes / No

How long in attendance? _____ Spiritual climate at home: Fair Good Excellent

List any unusual home conditions which may have affected the student (family deaths, divorce, recent move, etc.)

Directions to the child's home _____

Parents' cell number _____ Email (optional) _____

Do you have problems with your child's behavior in the home? _____

Do you have concerns about people your child spends time with? _____

Do you have any concerns about substance abuse? _____

We admit 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. We do not discriminate on the basis of color, national and ethnic origin in administration of its educational policies, admission policies, scholarship programs and athletic and other school administered programs. Your child will be taught Christian principles and beliefs as stated in our Statement of Beliefs.

Emergency contact/family who may pick up child, etc. names and phone numbers

Name address home number work number cell

Name address home number work number cell

School History

Has the student previously attended our school? Yes / No

Does your child have any learning challenges? Yes / No If yes, please explain _____

Has the student been receiving exceptional education services (i.e. Gifted, specific learning disabilities, speech)? _____ If yes, please be sure to include copies of the current IEP as well as placement documents as appropriate.

School previously or last attended _____

School's address _____

School's phone _____

Describe student's interests and/or achievements, such as academic, athletic, artistic, musical, etc. _____

Has the student ever repeated a grade? ____ Skipped a grade? ____ Which grade? ____

Please explain any yes answers _____

Please tell us how you learned about our school _____

Please describe your child's attendance record in previous year(s): _____

Please describe your child's behavior in school in previous year(s): _____

Please describe your child's grades in previous year(s): _____

Why is your child leaving his/her current school? _____

What interests you most about Hillcrest Academy? _____

Has your child ever been involved in any behavior that resulted in disciplinary action of any kind, had in school suspension, out of school suspension and/or been expelled from school? Yes / No If yes, please explain

State briefly the background of your child's Christian spiritual growth _____

Child's Health Record

Child's Name _____ Date of Birth _____

Is your child free from communicable disease? Yes / No

Is your child able to participate in group activities? Yes / No

List any medications taken regularly by the child _____

List any known allergies _____

Other special physical conditions: _____

The above information is correct as of _____, 20__

Physician's name and address _____

Physician's phone number _____

We are required to have on record the child's immunization records: health form DJ684. If your child is entering the 6th grade, he or she needs a scoliosis screening as well. The health form will be required before the first day of school.

In the event that I cannot be reached to make arrangement for emergency medical attention, I authorize Hillcrest Academy staff to send my child to an emergency room, and to contact the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____
Address _____ Phone _____
City _____ State ____ Zip _____

Special Instructions _____

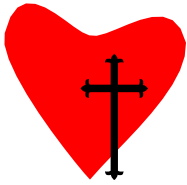
I give consent for any and all treatment deemed necessary by the attending physician.
(attach a copy of your insurance card)

Signature of parent/guardian

Optional:

I give permission for my child to be given Tylenol, Motrin or other non-aspirin pain reliever. I will be notified prior to each administration.

Signature



Hillcrest Academy

2009 President Street
Palatka, FL 32177

Telephone 386 328-6514
Email: LYaunk@Hillcrest-Academy.org

CONFIDENTIAL RELEASE FORM

I, _____, parent/guardian of _____, do
hereby authorize _____ School to

Release to/Obtain from Hillcrest Academy

Information from the record of _____
Name Date of birth

The information which may be released is limited to (check itemized portions of the record from the following list):

- | | |
|--|---|
| <input type="checkbox"/> birth record | <input type="checkbox"/> behavior referrals |
| <input type="checkbox"/> physical examination | <input type="checkbox"/> medication record |
| <input type="checkbox"/> medical examination | <input type="checkbox"/> education record |
| <input type="checkbox"/> psychological examination | <input type="checkbox"/> psychosocial history |
| <input type="checkbox"/> psychological evaluation | <input type="checkbox"/> attendance records |

I choose to willingly consent to the release of this information for the purpose of enrolling my child in Hillcrest Academy. I may revoke this authorization at any time (except to the extent that action has been taken in reliance thereon), by written, dated communication to the director of Hillcrest Academy. This authorization is effective for 180 days.

Effective Date _____

Signature of parent/guardian

Signature of witness

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records protected by state/federal laws. The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.