

HILLSDALE PREPARATORY SCHOOL ENROLLMENT FORM

FOR OFFICE USE ONLY

Enrollment Date: _____

UIC #: _____

Student #: _____

STUDENT INFORMATION

Today's Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Name Child Goes By: _____ Current Grade: _____ Date of Birth: _____ Sex: M F

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

City & State of Birth: _____ School District Residing In: _____

Name and Address of Previous School Attended: _____

How did you hear about Hillsdale Preparatory School? _____

Did your child receive any special Education services at the previous school in the past three years? Yes No

Describe services received: _____

Child lives with: (circle one) Both Parents Mother Father Mother & Stepfather
Father & Stepmother Foster Legal Guardian

PARENT/GUARDIAN/FAMILY INFORMATION

| Name | Place of Employment | Phone | Hours |
|------|---------------------|-------|-------|
|------|---------------------|-------|-------|

Mother: _____

Father: _____

Stepmother: _____

Stepfather: _____

Other: _____

Other people allowed to pick my child up from school if parent/guardian can't be reached.

| Name | Relationship to Child | Phone Number |
|------|-----------------------|--------------|
|------|-----------------------|--------------|

1. _____

2. _____

3. _____

CHILD'S HEALTH/MEDICAL INFORMATION

Physician Name: _____ Phone Number: _____

Health Problems/Medications: allergies chronic & recurring illness injuries

Describe: _____

Has your child had the chicken pox? Yes No When: _____ (exact date)

Medical Insurance Information & ID #'s: _____

IN CASE OF EMERGENCY

I hereby give my permission for Hillsdale Preparatory School to take my child to a local doctor if I cannot be reached:

Parent Signature: _____ Date: _____

PARENT INVOLVEMENT

Please involve me in my child's education in the following ways:

Supervise lunch and/or recess (11:30 a.m.-1:30 p.m.): I am available to help on

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

I would like to help with the following: Fundraising _____ Organizing Events _____

Other: _____

Has your child ever been suspended from school? _____ Yes _____ No

If yes, please explain: _____

Has your child ever been expelled from school? _____ Yes _____ No

If yes, please explain: _____

Please remember, the State of Michigan mandates to the Department of Education that we have the following before your child can begin school.

_____ Certified Birth Certificate
_____ Updated Immunization Records

I, the undersigned, declare that I and the student, for which this application is submitted, physically reside in the state of Michigan. If statements made on this application are false, the enrollment of my child/children will be terminated immediately.

Parent/Guardian Signature _____ Date _____

Please Print Name _____