

HILL INSTITUTE
83 Pine Street
Florence, MA 01062
Telephone: (413) 584-1725
Fax: (413) 584-4114
www.hillinstitute.com

SCHOOL APPLICATION FORM

Student's Last Name First Name Middle Name Nickname Date of Birth Male/Female

Street Name/P. O. Box/ Apartment No. City/Town and Zip Code Telephone Number

Place of Birth: City, State, Country Home Language Primary Language

ADULTS AT STUDENT'S PRIMARY RESIDENCE

Last Name First Name Circle One: Parent / Legal Guardian / Other

Place of Employment Work Telephone Number

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Place of Employment Work Telephone Number

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Place of Employment Work Telephone Number

CHILDREN UNDER THE AGE OF 18 IN THE HOUSEHOLD

Name (Last, First) Birth Date School Currently Attending Grade

STUDENT'S ALTERNATE ADDRESS

Adult's Last Name First Name Circle One: Parent / Legal Guardian / Other

Address

STUDENT INFORMATION

Has the student attended preschool? _____ (If yes, please complete the attached Release of Information Form.)

Name of Preschool

Indicate the number of days per week, hours per day, and dates attended.

Name of Preschool

Indicate the number of days per week, hours per day, and dates attended.

Check the following support services that the student has received or is currently receiving, and provide a brief description of these services. Attach a separate sheet if necessary.

_____ Speech Therapy _____
_____ Physical Therapy _____
_____ Occupational Therapy _____

Describe any medical concerns (e.g., allergies, asthma), physical limitations (e.g., wheelchair), or developmental conditions (e.g., speech coordination) that the school needs to be aware of.

Does the student wear eye glasses? _____

Does the student wear hearing aids? _____

Ethnic/Racial Code (Circle the number):

01 Amer. Indian / 02 Black (Not Hispanic Origin) / 03 Asian / 04 Hispanic / 06 White (Not Hispanic Origin) / 07 Other

Are you applying for half-day or full-day kindergarten? _____ Half-day _____ Full-day _____ Undecided

A copy of the student's birth certificate must accompany this application form. (A photocopy is acceptable.)

I hereby acknowledge that I have read, understand and agree to the terms and conditions set forth in the Hill Institute Kindergarten Informational Brochure.

Parent/Guardian Signature

Date

Office use only:

School Entry Date: _____

Date & Time Received: _____

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Preschool Release of Information Form

I hereby authorize: Preschool's Name _____

Address _____

Address _____

Telephone No. _____

to release all academic, medical and other school records for my child _____

to Hill Institute.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

Preschool Release of Information Form

I hereby authorize: Preschool's Name _____

Address _____

Address _____

Telephone No. _____

to release all academic, medical and other school records for my child _____

to Hill Institute.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____