



# The Hill School of Wilmington

## APPLICATION FOR ADMISSION

### Academic School Year and Summer Program

### THE HILL SCHOOL OF WILMINGTON, INC. MISSION STATEMENT

THE HILL SCHOOL OF WILMINGTON, INC.'S mission is to empower children who have learning differences and/or attention deficit disorders with the skills needed to become confident, independent learners.

3240 Burnt Mill Drive, Suite 9A  
Wilmington, NC 28403  
910-685-3734  
[info@hillschoolofwilmington.org](mailto:info@hillschoolofwilmington.org)  
[www.hillschoolofwilmington.org](http://www.hillschoolofwilmington.org)

*The admissions policy of The Hill School of Wilmington, Inc. is non-discriminatory regarding race, creed, color, sex or national origin.*



THE HILL SCHOOL OF WILMINGTON, INC. seeks to enroll students who will benefit from the school's specialized small group instruction. Students must be diagnosed as having a learning disability or attention deficit disorder, with average to above average potential and without primary emotional or behavioral difficulties.

## ADMISSIONS PROCEDURE

1. Parents should complete the Application Form and send it to the school with the application fee as listed in the Schedule of Costs and Payments included with the application packet.

To request Financial Aid materials (**Academic Year Program only**), parents should check the appropriate box on the Application Form.

2. If applying for the **SCHOOL YEAR**, parents should fill in and send the following forms directly to the appropriate persons, agencies, clinics, etc.:
  - a. Request for Release of School Information
  - b. Request for Release of Diagnostic/Psychological Information (e.g., WISC IV, Educational Assessment, Social/Emotional Assessment)
  - c. Request for Release of Medical Information
  - d. Teacher Observation Forms (2)

If applying for the **SUMMER PROGRAM ONLY**, parents should fill in and send the following forms directly to the appropriate persons, agencies, clinics, etc:

- a. Request for Release of School Information
  - b. Request for Release of Diagnostic /Psychological Information (e.g., WISC IV, Educational Assessment, Social/Emotional Assessment) **ONLY IF AVAILABLE**
  - c. Request for Release of Medical Information
  - d. Teacher Observation Forms (1)
3. The application process will be complete after the school has received all information (as requested in No. 1 & 2 above).
  4. Parents will be notified in writing of the final admission decision. The Enrollment Agreement and Additional program information will be enclosed for those applications accepted.
  5. In order to confirm enrollment in the program once a student is accepted, parents should complete the Enrollment Agreement and send it to the school with the tuition deposit. The student will be formally enrolled in the program upon receipt of the Enrollment Agreement and tuition deposit.
  6. Statements of charges will be mailed from THE HILL SCHOOL OF WILMINGTON, INC. Payments should be made directly to THE HILL SCHOOL OF WILMINGTON, INC., 3240 Burnt Mill Drive, Suite 9A, Wilmington, North Carolina 28403.

THE HILL SCHOOL OF WILMINGTON, INC. is a non-profit school serving high potential students in grades 1-8, with learning disabilities and/or attention deficit disorder. *It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.*



# APPLICATION FORM

The Hill School  
of Wilmington

**APPLICANT** Name \_\_\_\_\_  
*First Name Middle Name Last Name (Prefers to be called)*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

## MOTHER

\_\_\_\_\_  
*Dr./Mrs./Ms. First Name Middle Name Last Name Date of Birth*

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*(if different from applicant)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Level of Education \_\_\_\_\_ Name of Institution \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

## FATHER

\_\_\_\_\_  
*Dr. / Mr. First Name Middle Name Last Name Date of Birth*

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*(if different from applicant)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Level of Education \_\_\_\_\_ Name of Institution \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single  Widowed

Applicant's Legal Guardian \_\_\_\_\_

## STEP-PARENT

*(if applicable)* \_\_\_\_\_  
*Dr./Mrs./Ms./Mr. First Name Middle Name Last Name*

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*(if different from applicant)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Level of Education \_\_\_\_\_ Name of Institution \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please send financial correspondence to \_\_\_\_\_

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**CURRENT SCHOOL**

School Name \_\_\_\_\_

Public  Private

Present Grade \_\_\_\_\_

Grades Repeated \_\_\_\_\_

Address \_\_\_\_\_  
*Street and Number*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Principal or Head of School \_\_\_\_\_

School correspondence will be sent to student's home and current school unless otherwise indicated.

List all schools previously attended.

Name	City/State	Grades	Dates Attended

To expedite the application process, it would help us to know the names and addresses of the persons and/or institutions to whom you forwarded the recommendation or release forms which accompany this Application Form. We request that the forms be sent to all persons or institutions who have any information concerning your child, i.e., the physician, psychologist, school, occupational therapist, speech therapist, etc.

**NOTE: IT IS THE RESPONSIBILITY OF THE PARENTS TO HAVE THESE OBSERVATIONS OR RELEASE FORMS SENT DIRECTLY TO THE PERSONS AND/OR INSTITUTIONS LISTED BELOW.**

**TEACHER OBSERVATION FORMS**

Name	School	City/State

**PHYSICIAN**

Name	Address	Telephone

**COUNSELOR, PSYCHOLOGIST OR PSYCHIATRIST CURRENTLY WORKING WITH YOUR CHILD (if applicable)**

Name	Address	Telephone

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# PARENT QUESTIONNAIRE

1. Where was your child originally diagnosed as having a Learning Disability or Attention Deficit Disorder?  
Name of Psychologist \_\_\_\_\_ Date of Testing \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
2. Where has your child been tested most recently (if different from above)?  
Name of Psychologist \_\_\_\_\_ Date of Testing \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. How did you learn of THE HILL SCHOOL OF WILMINGTON, INC.? \_\_\_\_\_
4. Have you had a previous association with THE HILL SCHOOL OF WILMINGTON, INC.?  
 Summer School (year \_\_\_\_ )     Tutoring     Student Enrichment Programs
5. Is child adopted?  Yes  No
6. Hand Dominance  Right  Left  Not established
7. Glasses  Yes  No
8. Is child a twin?  Yes  No    Name of twin \_\_\_\_\_  Identical     Fraternal
9. Names, ages and current schools of brothers and sisters \_\_\_\_\_  
\_\_\_\_\_
10. Other siblings diagnosed as LD or ADD?  Yes  No
11. Either parent diagnosed as LD or ADD?    Mother  Yes  No    Father  Yes  No
12. Write a brief description of your child. (Use additional sheet if needed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What are your child's chief strengths? \_\_\_\_\_  
\_\_\_\_\_
14. What are your child's areas of greatest need? \_\_\_\_\_  
\_\_\_\_\_
15. What are your child's hobbies or interests? In what sports has your child participated? \_\_\_\_\_  
\_\_\_\_\_

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16. What diagnoses have been given for your child's symptoms? (*i.e.*, learning disability, dyslexia, dysgraphia, attention deficit disorder, reading/math disability, etc.) \_\_\_\_\_

17. Is your child currently receiving services at the present school?  No  Yes *Specify:*  LD  ADD  EMH  504  
 Speech  BEH  OT  Other

18. Is your child receiving other outside services? Please list provider.  
 Speech and Language \_\_\_\_\_  Counseling \_\_\_\_\_  
 Occupational Therapy \_\_\_\_\_  Other \_\_\_\_\_

19. Is your child currently taking any medication?  Yes  No  
Name of medication \_\_\_\_\_

If Yes, describe the condition for and dosage under which it is being given: \_\_\_\_\_

20. List any medical conditions significant to your child's well-being: \_\_\_\_\_

21. Is there any history of emotional or behavioral difficulty, either in relationship to family, peers, or academic setting?  
 Yes  No  
Has any evaluation or treatment been conducted in relationship to these problems?  Yes  No

If YES, please briefly describe below and have Psychologist or Psychiatrist involved in evaluation or treatment of these problems submit a report to THE HILLSCHOOL OF WILMINGTON, INC. An application will not be complete until all this information is provided.

Psychologist and/or Psychiatrist \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

22. Has the Applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?  Yes  No  
If YES, please give dates and details. (Use additional sheet if necessary.) \_\_\_\_\_

23. If you would like to make any other statement regarding your child, please feel free to do so on a separate sheet of paper and enclose it with this application.

**APPLICATION STATEMENT ON THE FOLLOWING PAGE  
MUST BE SIGNED AND RETURNED WITH APPLICATION.**

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The Hill School  
of Wilmington

### APPLICATION STATEMENT

I hereby make an application to THE HILL SCHOOL OF WILMINGTON, INC. for my son/daughter

\_\_\_\_\_ for the:

(Please check all that apply)

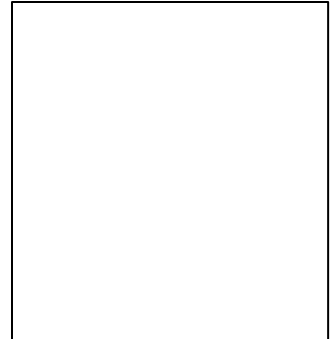
- 20\_\_ - 20\_\_ Academic Year
- 20\_\_ Summer Program
- 20\_\_ Summer Program ONLY**

Enclosed is a non-refundable application fee as listed on the schedule of costs and payments.

- I would like a financial aid application. (Applies to Academic Year Program ONLY)

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



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# TEACHER OBSERVATION FORM



The Hill School  
of Wilmington

## TO THE PARENT:

Please complete the top section of this form and send it directly to a teacher who knows the applicant well. It is understood that the information released will remain confidential

Student's Name \_\_\_\_\_ Student's current grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_

## TO THE TEACHER:

The above-named student has applied for admission to THE HILL SCHOOL OF WILMINGTON, INC. Please provide an assessment of the student. Your evaluation will be given full consideration and will be kept confidential. Thank you for your time and effort in completing this form.

	Outstanding	Above Average	Average	Below Average	Unable to Rate
Academic Potential					
Academic Performance in Reading					
Academic Performance in Written Language					
Academic Performance in Math					
Motivation					
Attention					
Organization					
Cooperation					
Respect for Authority					
Peer Relationships					
Maturity					
Gross Motor					
Fine Motor					
Speech & Language					

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Please comment on the student's specific areas of strength:

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Please comment on the student's specific areas of weakness:

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Please comment on the student's behavioral characteristics related to the classroom and to others:

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Keeping in mind that THE HILL SCHOOL OF WILMINGTON, INC. offers a structured environment for high potential students who have been diagnosed with learning disabilities or attention deficit disorder, does this candidate meet the characteristics of a Hill School student?

Most definitely \_\_\_\_\_ \*With reservations \_\_\_\_\_  
Possibly \_\_\_\_\_ Does not match the profile \_\_\_\_\_

\*Please explain reservations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional remarks:

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\_\_\_\_\_  
Teacher's Name Title or Position

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Signature Date

After completion, please return this form directly to:

**THE HILL SCHOOL OF WILMINGTON, INC. 3240 Burnt Mill Dr., Ste.9A Wilmington, NC 28403**  
910-685-3734

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## REQUEST FOR RELEASE OF SCHOOL INFORMATION

### TO THE PARENT:

Complete this form and send it directly to the current school or last school attended by your child.

I hereby authorize \_\_\_\_\_ to release  
(insert name of school)  
information from the record of \_\_\_\_\_ to  
(insert full name of child)  
THE HILL SCHOOL OF WILMINGTON, INC.

It is understood that the information will remain confidential.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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### TO THE SCHOOL:

The above-named student has applied for admission to THE HILL SCHOOL OF WILMINGTON, INC. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

THE HILL SCHOOL OF WILMINGTON, INC. 3240 Burnt Mill Dr., Ste. 9A Wilmington, NC 28403  
910-685-3734

#### *School Information Requested:*

1. Grade Record
2. A copy of all psychological and achievement evaluations
3. Individual Education Plan
4. Teacher, Guidance Counselor and/or other staff comments
5. Any available dated samples of child's work
6. Scores from End-of-Grade Testing/Writing Test
7. Records of any disciplinary actions regarding this child

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**TO BE COMPLETED BY AUTHORIZED SCHOOL REPRESENTATIVE:**

The account for the child listed above has a past due or delinquent tuition balance for the 20\_\_ - 20-\_\_ school year.

OR

The account for the child listed above has no past due or delinquent tuition.

Signature of Authorized School Representative \_\_\_\_\_

Printed name & Job title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Please return this page along with the requested school records to:

THE HILL SCHOOL OF WILMINGTON, INC.  
3240 Burnt Mill Dr., Ste. 9A  
Wilmington, NC 28403  
910-685-3734

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# REQUEST FOR RELEASE OF DIAGNOSTIC/PSYCHOLOGICAL INFORMATION

## TO THE PARENT:

Please complete this form and send it directly to the psychologist or psychiatrist who most recently diagnosed your child's learning disability or attention deficit disorder.

I hereby authorize \_\_\_\_\_ to release  
(insert name of psychologist or psychiatrist)

information from the record of \_\_\_\_\_ to  
(insert full name of child)

THE HILL SCHOOL OF WILMINGTON, INC.

It is understood that the information will remain confidential.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## TO THE PSYCHOLOGIST OR PSYCHIATRIST:

The above-named student has applied for admission to THE HILL SCHOOL OF WILMINGTON, INC. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

THE HILL SCHOOL OF WILMINGTON, INC.

3240 Burnt Mill Drive, Suite 9A

Wilmington, NC 28403

910-685-3734

info@hillschoolofwilmington.org

www.hillschoolofwilmington.org

### *Information requested:*

1. Assessment of intellectual functioning, preferably based on the WISC-IV or a similar assessment. (Please include scaled subtest scores.)
2. Assessment of current social and emotional functioning noting any significant psychological problems and/or results of projective testing.
3. Assessment of perceptual processes. 4.  
Assessment of academic functioning.

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# PHYSICIAN'S REPORT

## TO THE PARENT:

Please complete the top section of this form and send it directly to your child's current physician. It is understood that the information released will remain confidential.

Student's Name \_\_\_\_\_ Student's Current Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE PHYSICIAN:

The above-named student has applied for admission to THE HILL SCHOOL OF WILMINGTON, INC. We would appreciate any information that you may be able to share with us.

1. Medical History

Serious illnesses \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Accidents \_\_\_\_\_

Allergies \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Seizure disorder \_\_\_\_\_

Asthma \_\_\_\_\_

2. Medications

Please list any medications and dosages currently given for ADD, ADHD, seizures, affective disorders or any disorder of a similar nature:

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

Is the child currently on any other type of medication? Yes  No

For what reason(s)? \_\_\_\_\_

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

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3. Immunization Record

Vaccine	Date	Date	Date	Date
DTP (3)				
Td or Tetanus				
Polio, oral (3)				
Rubella (measles) mo./day/yr.				
Rubella (German measles)				
Mumps				

4. Date of most recent physical examination \_\_\_\_\_

5. Additional remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature

After completion, please return this form directly to:

THE HILL SCHOOL OF WILMINGTON, INC.

3240 Burnt Mill Drive, Suite 9A

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## SCHEDULE OF COSTS AND PAYMENTS 2017 – 2018

	<b>Tuition/Fees</b>
<b>Initial Application Fee</b> (non-refundable) (Academic School Year & Summer Program)	\$ 75.00
<b>2017-2018 Academic Year Program</b> (Grades 1-8) Three Hours Daily Instruction (Half-Day)	\$ 10,121.00
<b>Additional Fees</b> Initial Educational Evaluation (if needed)	\$ 150.00
<b>2017 Summer Program</b>	\$ 2,600.00

Once a student has been accepted, parents will receive an enrollment agreement. The student will be enrolled at The Hill School of Wilmington, Inc. when the school has received the completed enrollment agreement and a tuition deposit of \$500.00.

The Hill School of Wilmington, Inc. operates on a two-payment schedule for the Academic Year Program. The first payment, which is 60% of the tuition and fees is payable by July 31, 2017. The second payment, less the \$500.00 deposit, is payable before December 31, 2017. A 1.5% per month late charge will be assessed on all unpaid accounts.

The school also makes available an alternate monthly payment plan for the Academic Year Program. To participate in this plan, parents must make arrangements with The Hill School of Wilmington, Inc. Business Office and receive written confirmation prior to June 26, 2017.

### **TWO PAYMENT PLAN**

Due July 31, 2017

60% of \$10,121.00 = \$6,071.00

Due December 31, 2017

(40% of 10,121.00) - \$500.00 deposit = \$3,550.00

### **MONTHLY PAYMENT PLAN**

Due upon acceptance

\$500.00 deposit

Balance = \$9,621.00

Due the first of each month August - March

\$1,202.63

*(Failure to make payment within 10 calendar days of the due date results in a 1.5% late charge.)*

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## CHECKLIST

- Complete Application Form
- Send release forms to psychologist, physician, and school  
  
(Request for Release of Diagnostic/Psychological Information is required **only if** applying for Academic School Year. **Not required** for the Summer Program; but please submit if AVAILABLE.)
- Send Observation Form to **TWO** teachers (Only **ONE form needed if applying for Summer Program only**)
- Mail Application Form and application fee to THE HILL SCHOOL OF WILMINGTON, INC.

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Wilmington, NC 28403  
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