



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.

3333 Jaeckle Drive, Suite 140
Wilmington, NC 28403
910-685-3734
info@hillschoolofwilmington.org
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. 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.***



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. **Please submit with a non-refundable \$75 application fee.**

Please indicate intent to apply for financial aid (**Academic Year Program only**) by checking the appropriate box on the Application Form (page 7).

2. If applying for the **ACADEMIC 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)

STUDENTS WHO ARE CURRENTLY ENROLLED IN THE ACADEMIC SCHOOL YEAR PROGRAM DO NOT HAVE TO COMPLETE THE APPLICATION FOR SUMMER OR THE UPCOMING ACADEMIC SCHOOL YEAR.

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., 3333 Jaeckle Drive, Suite 140, Wilmington, North Carolina 28403.

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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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I hereby make 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

- We will be completing the online application for financial aid. (Applies to Academic Year Program ONLY)

- We will be applying for the NC Disabilities Grant and/or ESA funds.

Parent's Signature _____

Date _____

Attach Photo of
Applicant
(optional)

Please submit with a non-refundable \$75 application fee.

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TEACHER OBSERVATION FORM



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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:

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

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

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:

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. 3333 Jaeckle Dr., Ste 140 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 _____

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. 3333 Jaeckle Dr., Ste. 140 Wilmington, NC 28403

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:

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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 _____

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:

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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

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