



APPLICATION FOR STUDENT ENROLLMENT

Grade for 2019-2020: _____

Birth date: _____

Student Information

First Name: _____ MI: ___ Last Name: _____

Home Address: _____

With whom does the child reside if not both parents? _____

Please specify any custody arrangements. Attach supporting documentation _____

Social Security Number: _____ Male _____ Female _____

School Last Attended: _____ Address: _____

Student Special Needs: _____

Student Allergies: _____

Does the student take any medications? If so, please list the name, dosage and time given: _____

Why would you like your child to attend Hillsboro? _____

Is there additional information the school should know in order to best understand your student? _____

Siblings (Names and Ages): _____

Will the Student be enrolling in early care and/or after care? _____ If so, list the days and times _____

Religion: _____ Ethnicity: _____ Birthplace: _____

The Hillsboro School does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

Parent Information

_____	_____
Mother's Full Name	Father's Full Name
_____	_____
Mother's Home Address (if different from above)	Father's Home Address (if different from above)
_____	_____
Mother's Email Address	Father's Email Address
_____	_____
Mother's Home Phone	Father's Home Phone
_____	_____
Mother's Business Phone	Father's Business Phone
_____	_____
Mother's Mobile Phone	Father's Mobile Phone
_____	_____
Mother's Employer/Occupation	Father's Employer/Occupation
_____	_____
Full Name of Spouse (if different from Father)	Full Name of Spouse (if different from Mother)
_____	_____
If Legal Guardian is someone other than parent, fill out the below information:	
_____	_____
Full Name of Legal Guardian	Legal Guardian Phone Number
_____	_____
Legal Guardian Address	Legal Guardian Employer/Occupation
_____	_____

Health Insurance

_____	_____
Insurance Company	Insurance Number / Group Number
_____	_____
Name of Insured	Employer
_____	_____
Please provide a copy of the front and back of your insurance card.	

Approved Pickup List (Child may be picked up only by the people listed below. Copy of driver license required.)

Mother's Full Name/Phone Number		Father's Full Name/Phone Number
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Emergency Contact Information

Emergency Contact other than parent or legal guardian: _____
Relationship to student: _____
Address: _____ Phone _____
Student's Pediatrician: _____ Phone _____
Medical Conditions (allergies to medications, foods, etc.): _____
Recommendations for Emergency Treatment: _____

To complete the application, school records should be emailed to admissions@thehillshoroschool.org or sent directly by your child's current school to:

The Hillsboro School
73 Elvira Road
Helena, AL 35080

Upon application acceptance, the following is required **prior** to the first day of school:

- Copy of a photo id for everyone on the approved pickup list.
- Copy of insurance card.
- Copy of the State of Alabama Certificate of Immunization.
- Signature pages for contract, handbook and policies.
- \$500 deposit

Signature of Parent or Legal Guardian: _____