



# Spring Hill School

## APPLICATION FOR ENROLLMENT

Please return to: 250 California St. Santa Cruz, CA 95060 831.427.2641 [www.springhillschool.org](http://www.springhillschool.org)

### STUDENT INFORMATION

Name \_\_\_\_\_  
*First Middle Last*

Applying for Grade: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ Other Language(s) Spoken \_\_\_\_\_  
*(optional)*

Current School \_\_\_\_\_ School Phone \_\_\_\_\_

*Spring Hill does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, medical condition or disability in its admissions or in the administration of its educational policies, scholarship and financial aid programs or athletic and other school administered programs.*

### FAMILY INFORMATION

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Check if sole guardian

Check if address is the same

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Sibling Names & Ages:

\_\_\_\_\_

How did you hear about Spring Hill?

What about Spring Hill most interests you?

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

*(Please complete side two)*

**I have attached:**

A photo of my child

Grades 2-8: Two samples of writing (stories, essays, etc.)

*Photocopies are fine. These will not be returned.*

Grades K-1: Two samples of recent work (drawing, writing, etc.) Photocopies are fine. These will not be returned.

**I have:**

Given the student recommendation form to my child's teacher on \_\_\_\_\_ and asked him/her to email it to Spring Hill.



**Student Profile**

*Spring Hill would like to get to know your child. Please write your responses below or attach additional pages, if necessary.*

What three words best describe your child?

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

Please describe your child's experience in school or preschool this year.

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

Briefly describe your child's learning style and personality.

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

What kinds of interests outside school does your child have?

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

What are your goals for your child?

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

Spring Hill encourages parent involvement in the school. How would you be interested in participating? What hobbies or skills might you bring in your contribution to the school?

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

What else would you like us to know about your child?

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

Does your child have special needs or considerations (physical, intellectual, emotional) about which we should be informed?

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

Is your child currently taking medication or are there any health issues?  yes  no If yes, please explain.

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

Is your child being served in, being considered for, or ever served by an exceptional, individual or special education programs?  yes  no  
If yes, what kind? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Gifted Student  | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Physically Handicapped       |
| <input type="checkbox"/> Tutoring        | <input type="checkbox"/> Counseling                   |
| <input type="checkbox"/> IEP             | <input type="checkbox"/> Special Assessment           |

Please explain any checked boxes here.

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

By signing below, I agree that the information provided is true and accurate to the best of my knowledge:

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_