

**The Hitchcock School**  
*At Edgewood Children's Center*

**APPLICATION FORM**

Today's Date \_\_\_\_\_

**Student Information**

Student 's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_  
Name of School District State

Address of School \_\_\_\_\_  
Street City State Zip Code

Who suggested The Hitchcock School for this student? \_\_\_\_\_

Student's Ethnic Identification \_\_\_\_\_ African American/Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Biracial \_\_\_\_\_ Caucasian/White  
\_\_\_\_\_ Latino/Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Source of funding for tuition: \_\_\_\_\_ Private Pay \_\_\_\_\_ Purchase of Service (through school district)

(Please submit an official birth certificate to be copied with this application.)

**Family Information**

Student resides with (check all that apply): \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Parents separated  
\_\_\_\_\_ Parents Divorced \_\_\_\_\_ Other (specify) \_\_\_\_\_

Correspondence should be sent to: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Name of Parent or Guardian**

\_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. Other \_\_\_\_\_  
\_\_\_\_\_  
First MI Last

Relationship to Applicant \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

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

Email \_\_\_\_\_

Employer \_\_\_\_\_

**Name of Parent or Guardian**

\_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. Other \_\_\_\_\_  
\_\_\_\_\_  
First MI Last

Relationship to Applicant \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

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

Email \_\_\_\_\_

Employer \_\_\_\_\_

**Siblings**

\_\_\_\_\_  
Name Age School Grade

\_\_\_\_\_  
Name Age School Grade

\_\_\_\_\_  
Name Age School Grade

\_\_\_\_\_  
Name Age School Grade

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**Educational History**

Please list the schools the student has attended in the past (prior to current placement) below:

NAME OF SCHOOL	SCHOOL DISTRICT OR INDICATE PRIVATE	CITY / STATE	GRADE(S) (E.G. 1 <sup>ST</sup> , 2 <sup>ND</sup> ...)

Does the student have an IEP (Individualized Education Plan)? yes no

Does the student have an educational diagnosis (e.g. learning disability, autism, language disorder, emotional disturbance...)?

no yes If yes, please describe \_\_\_\_\_  
(If applicable, please submit student's IEP and Educational Evaluation with this application.)

Has the student been suspended from school? no yes If yes, about how many times this school year, \_\_\_\_\_ times.

Has the student been expelled from school? no yes If yes, please indicate school and date of expulsion below:

School \_\_\_\_\_ Date \_\_\_\_\_

Are there circumstances which have affected the student's academic performance, school attendance, participation in extracurricular activities, or interaction with other students or teachers. (e.g. frequent moves, significant loss, medical issues, disciplinary action, truancy, grade retention...)? no yes If yes, please describe below:

---



---



---



---



---

If there is any other information you feel would be helpful in reviewing the student for admission to The Hitchcock School, please describe below:

---



---



---



---



---

**Please Note:** In addition to completing this application, you will be asked to authorize release of your student's current school records to The Hitchcock School at Edgewood Children's Center. Information received regarding your student will be treated with complete confidentiality. Only authorized school personnel have access to this information and it will only be used to determine admission and placement decisions.

I/We state that the information included in this application is true and complete.

\_\_\_\_\_ Date \_\_\_\_\_ Signature Of Parent Or Legal Guardian \_\_\_\_\_ Relationship To Student \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature Of Parent Or Legal Guardian \_\_\_\_\_ Relationship To Student \_\_\_\_\_



STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**Nutrition**

Does the student have any special dietary restrictions? \_\_\_\_no \_\_\_\_yes (explain) \_\_\_\_\_

**Anything else regarding health issues?** If there is anything else Edgewood should know about this student's health please explain below:

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

**Emergency Contacts** (if we are unable to reach a parent or guardian in the case of illness or Medical Emergency.)

**Name of Contact**

\_\_\_\_Dr. \_\_\_\_Mr. \_\_\_\_Ms. \_\_\_\_Mrs. Other\_\_\_\_

\_\_\_\_\_  
First MI Last

Relationship to Applicant \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

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

Authorized to pick-up student \_\_\_\_yes \_\_\_\_no

**Name of Contact**

\_\_\_\_Dr. \_\_\_\_Mr. \_\_\_\_Ms. \_\_\_\_Mrs. Other\_\_\_\_

\_\_\_\_\_  
First MI Last

Relationship to Applicant \_\_\_\_\_

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

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

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

Work Phone \_\_\_\_\_

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

Authorized to pick-up student \_\_\_\_yes \_\_\_\_no

I/We state that the medical information included in this form is true and complete.

\_\_\_\_\_  
Date Signature Of Parent Or Legal Guardian Relationship To Student

\_\_\_\_\_  
Date Signature Of Parent Or Legal Guardian Relationship To Student

**Emergency Hospitalization**

\_\_\_\_ I/We authorize and grant permission for The Hitchcock School at Edgewood Children's Center to obtain emergency medical assistance for the above named student while the student is attending The Hitchcock School.

\_\_\_\_\_  
Date Signature Of Parent Or Legal Guardian Relationship To Child

\_\_\_\_\_  
Date Signature Of Parent Or Legal Guardian Relationship To Child