Admissions Application
The Help Group’s
North Hills Prep
Because Every Child Deserves a Great Future

North Hills Prep is a therapeutic day school for students who are experiencing social and emotional distress that interfere with their academic progress and success in a public school setting. North Hills Prep students do not exhibit significant disturbances of behavior. Common issues are lack of motivation, depression, anxiety, difficulty with school attendance, and peer relational problems. To address issues of motivation and need for personal expression, North Hills Prep offers numerous exploratory courses in visual and performing arts, computer technology (including animation and film), enriched academic studies in math and science, and much more.

For more information, please contact
Elin Bradley, Director of Therapeutic Schools, or
Dee Brown, Director of Education, at
818 267-2600.

Please contact our Admissions Office at 818-779-5262 to schedule an intake appointment.

PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:

The Help Group
Admissions Office
13130 Burbank Blvd.
Sherman Oaks, CA 91401

Si necesita ayuda en español, por favor llame al 818.779.5207.
Please check each box to make sure all of the following are included. *(If not applicable, please mark N/A)*

[ ] Completed application

[ ] If your student receives special education services, please include the last annual IEP, and subsequent amendment IEPs. *(Please ask the admission department if this is necessary; they may be able to obtain these documents directly from the funding school district.)*

[ ] A copy of the District referral letter from LAUSD (if applicable).

[ ] Recent photo of your child

**AUTHORIZATION AND AGREEMENT**

I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.

Parent/Legal Guardian ___________________________ Date ___________________________ Parent/Legal Guardian ___________________________ Date ___________________________
DATE OF APPLICATION: ____________________________

I. STUDENT INFORMATION

STUDENT'S LAST NAME _________________________ FIRST ______ MIDDLE ______ DATE OF BIRTH ______

STREET ADDRESS ______________________________ CITY ______ STATE/ZIP ______ (______ ) ______

HOME PHONE ______

STUDENT'S CURRENT RESIDENCE

☐ With both parents    ☐ With mother    ☐ With father    ☐ Other: ________________________________

AGE: __________    ☐ MALE    ☐ FEMALE    PLEASE SPECIFY ________________________________

STUDENT'S PLACE OF BIRTH

STREET ADDRESS (if different than student's)

MOTHER'S NAME ________________________________

STREET ADDRESS (if different than student's)

CITY ______ STATE ______ ZIP ______  

(______ ) ______ (______ ) ______

HOME PHONE ______ CELL ______

E-MAIL ADDRESS ________________________________

Best way to contact:

☐ Phone: Please specify: ☐ Home ☐ Work ☐ Cell

☐ E-mail ________________________________

STUDENT'S SOCIAL SECURITY # ________________________________

II. FAMILY INFORMATION

MOTHER'S WORK INFORMATION

NAME OF BUSINESS ________________________________

JOB TITLE/POSITION ________________________________

STREET ADDRESS ________________________________

CITY ______ STATE ______ ZIP ______  

(______ ) ______ (______ ) ______

WORK PHONE NUMBER EXTENSION ________________________________

FATHER'S WORK INFORMATION

NAME OF BUSINESS ________________________________

JOB TITLE/POSITION ________________________________

STREET ADDRESS ________________________________

CITY ______ STATE ______ ZIP ______  

(______ ) ______ (______ ) ______

WORK PHONE NUMBER EXTENSION ________________________________

MEDI-CAL or INSURANCE POLICY NUMBER ________________________________
SIBLINGS & OTHER HOUSEHOLD MEMBERS

NAME: ___________________________ AGE: _______ RELATIONSHIP: ___________________________

NAME: ___________________________ AGE: _______ RELATIONSHIP: ___________________________

NAME: ___________________________ AGE: _______ RELATIONSHIP: ___________________________

Is child adopted?  □ No  □ Yes: At what age? ___________________________

Languages spoken in the home: ___________________________ Primary language: ___________________________

* If parents are separated or divorced:

Date of separation or divorce: ___________________________ Child’s age at time of divorce: ___________________________

Current custody arrangement: ___________________________

III. MEDICAL HISTORY

Does child have any chronic or serious health problems?  □ No  □ Yes: Please specify: ___________________________

Does child have any health restrictions or limitations?  □ No  □ Yes: Please specify: ___________________________

Does child have any allergies?  □ No  □ Yes: Please specify: ___________________________

Does child currently take any medications?  □ No  □ Yes: Please list below:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage/Frequency</th>
<th>Prescribing Doctor</th>
<th>Purpose</th>
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Is your child under the care of a psychiatrist?

Name/Number of psychiatrist: ___________________________

Has child been psychiatrically hospitalized?  □ No  □ Yes: Please list below:

Is your child currently receiving Mental Health Services through MEDI-CAL?  □ No  □ Yes

If yes, please list these services: ___________________________

DIAGNOSIS

Does your child currently have a diagnosis?  □ No  □ Yes: Please specify: ___________________________

Date of diagnosis: ___________________________

Beginning July 1, 2011, California Law (SB 354) requires all students entering 7th through 12th grade to provide proof of a Tdap booster shot against pertussis (Whooping Cough) before starting school.

[ ] My child has already had the Tdap booster shot. (Documentation will be needed)

[ ] My child has not yet had this booster but I understand that this will be needed prior to admission to these grades.
IV. SCHOOL HISTORY

NAME OF CURRENT SCHOOL ____________________________ GRADING

* Reason for seeking a new school placement:

V. HISTORY OF INTERVENTIONS

SERVICES RECEIVED

* Has your child ever received counseling or therapy? □ No □ Yes: Please specify:

Name of therapist/counselor ____________________________ Agency ____________________________ Phone number (____) ____________

Name of therapist/counselor ____________________________ Agency ____________________________ Phone number (____) ____________

DRUG/ALCOHOL USE:

Has your child been involved with substance abuse: □ No □ Yes: Please specify:

List substances: __________________________________________

* Has your child ever undergone drug treatment? □ No □ Yes: Please specify:

Name of program: ____________________________ Dates: ____________________________

Outcome: __________________________________________

CRIMINAL/LEGAL INVOLVEMENT:

* Has your child ever been arrested? □ No □ Yes: Please specify:

Charge: ____________________________ Date: ____________________________

Outcome: __________________________________________

* Is your child currently on probation? □ No □ Yes: Please specify:

Date probation ends: ____________________________

* Has your child ever been expelled or asked to leave a school? □ No □ Yes: Please specify:

VI. ADDITIONAL INFORMATION

* Describe your child’s strengths:

________________________________________________________________________________________

________________________________________________________________________________________

* What are your child’s favorite activities?

________________________________________________________________________________________

________________________________________________________________________________________

* Describe your child’s social relationships, at home and at school:

________________________________________________________________________________________

________________________________________________________________________________________

What are you looking for in a school program?

________________________________________________________________________________________

What are your hopes for your student after graduating high school?

________________________________________________________________________________________
* Please check any of the below that you have observed or that have been brought to your attention by school staff:

- severe anxiety
- suicidal statements
- physical aggression
- profanity
- drug and/or alcohol use
- property destruction
- Other:
- school refusal
- suicidal actions
- verbal aggression
- provocative to peers
- sexual comments
- running away (school or home)
- isolation
- self-injurious behavior
- disruptive in classroom
- stealing
- sexual behavior
- hallucinations

For each question identified below, place an X in the box to the right that appropriately describes your child.

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1. My child prefers to do things with others rather than on his/her own.</td>
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<td>2. My child prefers to do things the same way over and over again.</td>
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<td>3. My child has been involved in fights at school.</td>
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<td>4. My child has been suspended from school.</td>
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<td>5. My child finds social situations easy.</td>
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<td>6. When my child talks, it isn’t always easy for others to get a word in edgewise.</td>
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<td>7. My child finds it hard to make new friends.</td>
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<td>8. It upsets my child if the daily routine is disturbed.</td>
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* Is there any additional information that you think would be helpful in evaluating your child?
VII. IEP INFORMATION AND FUNDING SOURCE

* Does your child currently have Non Public School (NPS) funding?
  □ Yes: Is the funding through: □ an IEP
      □ a mediation agreement
  □ No:
      □ I have requested due process from the school district
        Date of scheduled meeting: ____________________________
      □ I will pay for tuition and services privately

* Are you receiving assistance from an education advocate/consultant or attorney?
  □ No   □ Yes: Name of advocate: __________________________

SEEKING PLACEMENT FOR: ___ASAP ___FALL ___SPRING ___SUMMER

VIII. REFERRAL SOURCE

Please provide the following information regarding the person or organization that referred you to The Help Group.

1.
NAME

TYPE OF REFERRAL

AGENCY

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

2.
NAME

TYPE OF REFERRAL

AGENCY

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER