The Help Group’s

Admissions Application

The Help Group’s
Parkhill School

Because Every Child Deserves a Great Future

Parkhill School 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. Parkhill School 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, Parkhill School offers numerous exploratory courses in visual and performing arts, computer technology, enriched academic studies in math and science, and much more.

For more information, please contact
Elin Bradley, Director of Therapeutic Schools and Residential Treatment
818-947-2019

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
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 __________________________________________________________

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 _______
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:

Name of Medication | Dosage/Frequency | Prescribing Doctor | Purpose
--- | --- | --- | ---

________________________________________________________________________

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

GRADE

* 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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</thead>
<tbody>
<tr>
<td>1. My child prefers to do things with others rather than on his/her own.</td>
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<tr>
<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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</tbody>
</table>

* 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