

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: _____
PLEASE SPECIFY

AGE: _____ MALE FEMALE

STUDENT'S PLACE OF BIRTH _____ STATE _____ COUNTRY _____

MOTHER'S NAME _____

FATHER'S NAME _____

STREET ADDRESS (if different than student's) _____

STREET ADDRESS (if different than student's) _____

CITY _____ STATE _____ ZIP _____
() ()
HOME PHONE _____ CELL _____

CITY _____ STATE _____ ZIP _____
() ()
HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

Best way to contact:

Phone: Please specify: Home Work Cell
 E-mail

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Phone: Please specify: Home Work Cell
 E-mail

STUDENT'S SOCIAL SECURITY # _____

MEDI-CAL or INSURANCE POLICY NUMBER _____

II. FAMILY INFORMATION

MOTHER'S WORK INFORMATION

FATHER'S WORK INFORMATION

NAME OF BUSINESS _____

NAME OF BUSINESS _____

JOB TITLE/POSITION _____

JOB TITLE/POSITION _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____
()

CITY _____ STATE _____ ZIP _____
()

WORK PHONE NUMBER _____ EXTENSION _____

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:

<u>Name of Medication</u>	<u>Dosage/Frequency</u>	<u>Prescribing Doctor</u>	<u>Purpose</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 RECIEVED

♦ 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:

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

For each question identified below, place an X in the box to the right that appropriately describes your child.	Often	Sometimes	Rarely	Never
1. My child prefers to do things with others rather than on his/her own.				
2. My child prefers to do things the same way over and over again.				
3. My child has been involved in fights at school.				
4. My child has been suspended from school.				
5. My child finds social situations easy.				
6. When my child talks, it isn't always easy for others to get a word in edgewise.				
7. My child finds it hard to make new friends.				
8. It upsets my child if the daily routine is disturbed.				
9. New situations make my child anxious.				

♦ 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

2. _____
NAME

TYPE OF REFERRAL

TYPE OF REFERRAL

AGENCY

AGENCY

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE NUMBER

PHONE NUMBER