

Mission Hills Middle School



APPLICATION FOR ADMISSION

(To be completed by student's parents or guardian)

Applying for grade _____ Fall/Spring 20_____

Date of Application _____ / _____ / 20_____

Student's Full Name: _____
Last First Middle Name

Student's Primary Address: _____
Street City State Zip

Student's Home Phone: (_____) _____ SSN: _____

Date of Birth: _____ / _____ / _____ Gender: _____ M _____ F

Ethnicity: (pick from these options)

- | | | |
|---|--|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino/Mexican |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> East Indian (India) |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Persian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Current School: _____ Current Grade: _____

Current School Address: _____
Street City State Zip

Current School Phone: (_____) _____ - _____

FAMILY INFORMATION | PARENT 1

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | PARENT 2

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | STEP-PARENT OR LEGAL GUARDIAN (if applicable)

Name: _____
Last First

Occupation: _____ Employer: _____

Home Phone: (_____) _____ - _____ Employer Address: _____

Day Phone: (_____) _____ - _____ _____

Cell Phone: (_____) _____ - _____ _____

Email Address: _____

Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | OTHER

Student lives with (pick from these options):

- | | | |
|---|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother & Step-Father | <input type="checkbox"/> Father & Step-Mother | <input type="checkbox"/> Both Parents in Different Households
(Court Documents required) |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparent (s) | |

If child is adopted, how long has he/she lived with you? _____

Names, ages and grade in school of other children in the family

Name _____ Age _____ Grade _____ Ever attended MHMS/MHS? ____ Yes ____ No
 Name _____ Age _____ Grade _____ Ever attended MHMS/MHS? ____ Yes ____ No
 Name _____ Age _____ Grade _____ Ever attended MHMS/MHS? ____ Yes ____ No

What language is spoken most at home? _____

What other languages do family members speak fluently? _____

*Is your child ELL (English Language Learner)? ____ Yes ____ No

***Does your child have special needs (for example, medication, language development delay, behavioral, emotional, or social issues, etc.)?**

____ Yes ____ No (if yes, please see administration) / Has your child ever had an IEP? ____ Yes ____ No

***Has your child ever been suspended or expelled from another program?** ____ Yes ____ No (if yes, please see administration)

How did you hear about Mission Hills Middle School? Check all that apply.

____ MHMS Website ____ Phone Contact with MHMS Staff ____ Relative Attending
 ____ Campus Visit/Open House ____ Advertisement ____ Mailer
 ____ Current MHMS Friend - Family Name: _____

I/We consent to allow my/our child's image to be used on the MHMS Facebook page or website and understand that no child's name or age will be disclosed. ____ Yes ____ No

Mission Hills Middle School's admissions policies shall not be influenced or affected by an applicant's race, color, sex, national origin, age, disability, or any other characteristic protected by the law. The school does not discriminate in the admission of its students in its offers of tuition assistance nor does it discriminate among its students on the basis of religious beliefs.

I certify that all information given on all application materials is correct and complete. I understand that any omission or misinformation may result in denial or my application or dismissal from Mission Hills Middle School.

Tuition Schedule: Option 1: One payment (full amount): _____ **Option 2: Ten payments:** _____

I have received, read, and agree to the MHMS tuition schedule. **Initial:** _____

Please enclose a check made payable to Mission Hills Middle School for the non-refundable registration fee of \$250.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

For Internal Use

Received	_____
Registration Fee	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	CHECK #: _____
Start Date	_____
Tuition	_____
ID	_____
Processed	_____
Welcome email	_____

Revised 11.30.2017



Mission Hills Middle School
 250 Tamarack Drive
 Union City, CA 94587
 510) 493-2189 | www.mhmschool.org