

Mission Hills School



APPLICATION FOR ADMISSION

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

Applying for grade _____ Fall/Spring 20_____
(TK - 5)

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 (optional): _____

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

Ethnicity: (pick from these options)

_____ African-American/Black

_____ American Indian/Alaska Native

_____ Hispanic/Latino/Mexican

_____ Pakistani

_____ Caucasian/White

_____ East Indian (India)

_____ Afghan

_____ Chinese

_____ Filipino

_____ Persian

_____ Japanese

_____ Native Hawaiian

_____ Korean

_____ Vietnamese

_____ 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):

____ Both Parents
____ Mother & Step-Father
____ Guardian

____ Mother
____ Father & Step-Mother
____ Grandparent(s)

____ Father
____ Both Parents in Different Households
(Court Documents required)

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 MHS? _____ Yes _____ No
Name _____ Age _____ Grade _____ Ever attended MHS? _____ Yes _____ No
Name _____ Age _____ Grade _____ Ever attended 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, a student whose primary language is not English)? _____ 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 School? Check all that apply.

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

I/We consent to allow my/our child's image to be used on the MHS Instagram (@mhs_cv) page or website and understand that no child's name or age will be disclosed. _____ Yes _____ No

Mission Hills 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 School.

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

I have received, read, and agreed to the MHS tuition schedule. Initial: _____

I understand that MHS is a private elementary school (TK - 5), and not a licensed childcare center. Initial: _____

New families: Please enclose a cash payment/ check made payable to Mission Hills School or pay via card at the main office for the non-refundable application fee \$100 to get the enrollment process started. A \$150 enrollment fee will be due on the day of your child's scheduled Shadow Day Assessment.

Currently enrolled families: Please enclose a cash payment or check made payable to Mission Hills School for the non-refundable registration fee \$250. Receive a \$50 discount during early registration December-January (specific dates to be emailed).

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Application Fee: \$100

CASH CARD CHECK # _____

Enrollment Fee: \$150

CASH CARD CHECK # _____

Start Date: _____

Tuition: _____

Student ID: _____

Processed: _____



Mission Hills School
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