



HILLDALE SCHOOL

79 Florence St.
Daly City, CA 94014
(650) 756-4737

Please attach
your child's
photo here.
Thank you!

KINDERGARTEN APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student's Last Name _____ Today's Date _____

First Name _____ Middle _____

Prefers to be called _____ Current Age _____ Date of Birth _____

Applying for Grade *Kindergarten* Applying to Begin School (approx. month/year) _____

Present Grade _____ Present School _____

School Phone Number _____

Current School Address _____

Primary Language _____ Additional Languages _____

My child is fluent in English: YES NO (Please Circle)

Allergies (info needed for snacks, etc. on assessment day only; does not factor into admittance decision)

PARENT INFORMATION

Student's Home Address _____

Student Lives with (parent, guardian, relative, siblings, etc.) _____

Parent 1:

Last Name _____ First Name _____ Gender _____

Home Address _____
(if different from child)

Mobile Phone _____ Email _____

Home Telephone _____ Work Telephone _____

Occupation Title _____ Business _____

Parent 2:

Last Name _____ First Name _____ Gender _____

Home Address _____
(if different from Parent 1)

Mobile Phone _____ Email _____

Home Telephone _____ Work Telephone _____

Occupation Title _____ Business _____

Parents are: Married Divorced Partnered Separated Remarried: _____
(Please Circle)

Mother Deceased Father Deceased Other: _____

If remarried please provide name of spouse _____

If parents are divorced or separated, what is the custody arrangement? _____

Names, ages and school (if applicable) of student's siblings:

School correspondence should be mailed to: Parent 1 & 2 Parent 1 only Parent 2 only
(Please Circle)

Why are you interested in private education?

ADDITIONAL INFORMATION

Please list any relative or friends who have attended or who are attending Hilldale School.

How did you hear about Hilldale School? _____

STUDENT DETAILS (please be as detailed as possible)

What are your child's strengths? Where is he/she excelling academically, socially, and physically?

Academically: _____

Socially: _____

Physically: _____

What are your child's challenge areas? Where is he/she progressing or struggling academically, socially, and physically?

Academically: _____

Socially: _____

Physically: _____

AS OF TODAY:

- 1) My child can count to _____ and identify written numbers from 1 to _____.
- 2) My child can identify the following lowercase letters a b c d e f g h i j k l m n o p q r s t u v w x y z.
(please circle)
- 3) My child can identify which letters are the vowels YES NO (please circle)
- 4) My child can identify the following letter sounds a b c d e f g h i j k l m n o p q r s t u v w x y z.
(please circle)
- 5) My child: uses scissors with ease enjoys cutting is not yet cutting with ease
(please circle all that apply) can cut on a straight line can cut on a curved line
- 6) What are the titles of two books you and your child enjoy reading together?

- 7) What does your child like to do to avoid boredom?

8) Please check the adjectives that best describe your child:

Cooperative	Outgoing	Sense of humor	Defensive	Attention Seeking
Conscientious	Energetic	Withdrawn	Shy	Enthusiastic
Selfish	Hyperactive	Independent	Participatory	Charismatic
Optimistic	Tense	Disciplined	Sensitive	Engaged
Uncooperative	Flexible	Persistent	Curious	Inflexible
Compassionate	Impulsive	Confident	Distractible	Anxious
Focused	Sophisticated	Arrogant	Prone to day dreaming	Perfectionistic
Competitive	Critical of others	Disorganized	Lethargic	Defiant
Reliable	Passive	Courteous	Leader	Self-Reflective
Quiet	Reticent	Aggressive	Trustworthy	Organized
Headstrong	Pessimistic	Easygoing	Contrary	Personable

Does your child have any emotional or physical conditions of which the school should be aware?

Is your child now receiving medical treatment or taking medication? If so, for what diagnosis?

Are there any factors that have had an impact on your child's academics, social or emotional growth to date (illness, hearing or speech impairment, learning difficulties, change of home, death or divorce)?

What additional information should we know about your child?

From your perspective, what makes him/her special? (Please answer! Important!)

What are your expectations and goals for your child at Hilldale School?

Do you believe that you qualify for and are interested in applying for financial aid? _____

Would you like for your child to remain at Hilldale through Eighth Grade?

(Please Circle)

YES NO MAYBE

*Hilldale is an academically accelerated, family-oriented, Pre-Kindergarten through Eighth grade private preparatory school nestled against San Bruno Mountain in Daly City. Hilldale School does not discriminate on the basis of race, religion, color, gender, or national or ethnic origin.
All students are welcome and encouraged to apply.*

The Hilldale School

79 Florence Street, Daly City, CA 94014 * Phone 650.756.4737 * fax 650.756.3162 * www.hilldaleschool.org