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 _____ Non-Binary _____ Decline to state

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: _____ Relationship to Applicant: _____

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

Day Phone: (____) ____ - ____ Employer Address: _____

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):

- ☐ Mother & Father
- ☐ Mother & Step-Father
- ☐ Mother & Mother
- ☐ Mother only
- ☐ Father & Step-Mother
- ☐ Father & Father
- ☐ Father only
- ☐ Grandparent(s)
- ☐ Guardian
- ☐ Both Parents in Different Households
  - ☐ Never married
  - ☐ Married
  - ☐ Divorced

(Court Documents regarding custody 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 MHMS? _____ Yes _____ No

Name _____ Age _____ Grade _____ Ever attended MHMS? _____ Yes _____ No

Name _____ Age _____ Grade _____ Ever attended MHMS? _____ 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 Student
_____ 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:** _____

New families: Please enclose a check made payable to Mission Hills Middle School for the non-refundable application fee.
Currently enrolled families: Please enclose a check made payable to Mission Hills Middle School for the non-refundable registration fee.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

For Internal Use

Received _____
Application Fee _____
☐ CASH ☐ CHECK CHECK #: _____
Enrollment Fee _____
☐ CASH ☐ CHECK CHECK #: _____
Start Date _____
Tuition _____
ID _____
Processed _____
Welcome email _____

Mission Hills Middle School
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