



THE HIGHLANDS SCHOOL STUDENT APPLICATION FORM

Applicant Information

Name: _____ Prefers to be called: _____
 Address: _____
 Home Phone: _____
 Age: _____ Birth Date: _____
 Grade Applying: _____

Father Information

Title: Mr. Dr.
 Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 Employer Address: _____
 Religion: _____
 Parish/Place of Worship: _____
 US Citizen: Yes No. If no, what country: _____
 Marital Status: Married Separated Divorced Remarried

Mother Information

Title: Mrs. Ms. Dr.
 Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 Employer Address: _____
 Religion: _____
 Parish/Place of Worship: _____
 US Citizen: Yes No. If no, what country: _____
 Marital Status: Married Separated Divorced Remarried

Step-Father Information

Title: Mr. Dr.
 Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 Employer Address: _____
 Religion: _____
 Parish/Place of Worship: _____
 US Citizen: Yes No. If no, what country: _____
 Marital Status: Married Separated Divorced Remarried

Step-Mother Information

Title: Mrs. Ms. Dr.
 Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____
 Employer: _____
 Employer Address: _____
 Religion: _____
 Parish/Place of Worship: _____
 US Citizen: Yes No. If no, what country: _____
 Marital Status: Married Separated Divorced Remarried

Testing information

My child has been tested for:

- Giftedness. Place/Date: _____
- Learning disabilities. Place/Date: _____
- Behavioral difficulties. Place/Date: _____
- Speech and language delay/difficulties. Place/Date: _____
- Attention deficit disorder. Place/Date: _____
- Hyperactivity. Place/Date: _____

If yes to any of the above, please share with us all information obtained from these evaluations, and please indicate what special classes, help or support your child has received. Please attach or forward any copies of testing and/or reports to The Highlands School.

Special program

My child has been in special programs for:

- Gifted and talented, Children with learning disabilities, Children with behavioral difficulties, Speech and language remediation,
 - Attention deficit disorder/hyperactivity.
- Place/Date: _____
- My child has not been in any special programs.

Remedial help

My child has had remedial help in: Mathematics Reading Other _____

- My child has had no remedial help.

Medical information

1. Is your child under the regular care of a physician for regular medical treatment? Yes No. Explain: _____

2. Does your child take any medication on a regular basis? Yes No. Please list medications dosage and times. _____

3. Does your child have any health problems: (ex. Allergies to foods, medicine or bee stings, diabetes, asthma, epilepsy, seizures.)
Explain: _____

4. Are there any other situations or pertinent information, which we should know in order to further understand your child?
Explain: _____

Immunizations

Before your child enters The Highlands School, all immunization records must be up to date and filed with our nurse.

Student profile

Gender: Boy Girl

Ethnic Background (optional): Caucasian Afro-American Hispanic Asian American Indian Other _____

Religion information

1. Parish/Place of Worship: _____

Sacraments received: Baptism/Date _____ Reconciliation/Date _____ First Communion/Date _____ Confirmation/Date _____

Educational information

Current School: _____ Grade: _____

Address: _____

Phone: _____

Principal or Headmaster: _____

1. Previous Schools Attended: Please list in chronological order.

School _____ Grades _____ City _____ State _____ Dates _____

School _____ Grades _____ City _____ State _____ Dates _____

School _____ Grades _____ City _____ State _____ Dates _____

School _____ Grades _____ City _____ State _____ Dates _____

2. Has the child ever been suspended from or asked to leave any school? Yes No. If yes, please explain. _____

Family information

1. Are both parents living? Yes No

2. Is applicant living with: Both Parents Mother Father Other (Please specify) _____

3. Is applicant adopted? Yes No. If yes, at what age was he/she adopted? _____ Does he/she know? Yes No.

4. If applicant's parents are divorced, Who has custody? Mother Father Joint

a. Which parent has legal responsibility? Mother Father Both

b. Who is responsible for school bills: Mother Father Both

c. Who is responsible for receiving report card: Mother Father Both

d. Who is responsible for making school related decisions: Mother Father Both

e. Who is responsible for receiving general school communications: Mother Father Both

5. Applicant's siblings:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

6. How did you hear about The Highlands School? _____

7. Do you have friends or relatives at The Highlands School? Yes No. If yes, please list.

Name	Relationship to The Highlands School	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent questionnaire

1. What would you say are your child's main qualities, strengths or talents (academically, athletically, artistically, socially, physically and/or morally)?

2. Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs? Explain: _____

3. Has the applicant ever been referred for professional, psychological, or personal counseling? Yes No If yes, please explain: _____

4. Based on your knowledge of The Highlands School and our philosophy, why are you seeking to educate your child here? _____

5. What do you expect from The Highlands School faculty/staff? _____



THE HIGHLANDS SCHOOL

Please Mail Directly To:
Admissions Office
The Highlands School
1451 E. Northgate Drive
Irving, TX 75062
972.554.1980 Ext. 235

Waiver Information

To Parent(s)/Guardian(s) Buckley Waiver: I understand that the Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) guarantees that my child's academic record will not be discussed with or disclosed to any third party without my written waiver. I hereby waive this right and authorize _____ (current school) to discuss my child's records with The Highlands School.

Mother/Guardian Name

Mother/Guardian Signature

Date

Father/Guardian Name

Father/Guardian Signature

Date