

Check the following concerns if applicable:

medical condition social adjustment learning disabilities
 physical disabilities civil authority academics

Have you ever:

Smoked? yes no Used illegal drugs? yes no
Consumed alcoholic beverages? yes no

Do you have housing accommodations? yes no

If the answer is yes:

Who would you be staying with? _____
Last name First name What is the relation?

Telephone: _____ Address: _____

City: _____ State: _____ Zip: _____

If the answer is no:

Would you like to be placed in a home through the American Home Life organization?

yes no

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name: _____
Last first

Name: _____
Last first

Home address: _____

Home address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

E-mail: _____

E-mail: _____

Telephone: (____) _____

Telephone: (____) _____

Cell/other phone: _____

Cell/other phone: _____

Job title/position: _____

Job title/position: _____

Company name: _____

Company name: _____

Business phone: (____) _____

Business phone: (____) _____

This form may be printed and mailed to :

Hillcrest Christian School

Attention: Katherine Gilroy

384 Erbes Rd.

Thousand Oaks, California, 91362-2725

or faxed to (805) 494-9355.

You may also send it via e-mail to kgilroy@hillcrestcs.org

