





# School Information Form

Milton Hershey School  
Admissions Office  
PO Box 830  
Hershey, PA 17033-0830

717-520-3600 or 1-800-322-3248  
Fax: 717-520-2117  
E-mail: [mhs-admissions@mhs-pa.org](mailto:mhs-admissions@mhs-pa.org)  
[mhskids.org](http://mhskids.org)

**CONFIDENTIAL**

## For the Parent or Legal Guardian

*Please fill out only this part of the form. Take the form and the cream-colored return envelope to the child's school for completion. The school will return the form to Milton Hershey School®.*

Child's full name: \_\_\_\_\_  
Phone \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street or Route City State Zip County

Current School: \_\_\_\_\_  
Grade School Year

*I give my permission for the release of academic, behavioral, disciplinary, and social information regarding my child. I understand that the information provided on this form and any attachments will be used in the review of my child's application to Milton Hershey School.*

Signature of Parent or Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_

## School Information Form *Procedures*

Milton Hershey School (MHS) provides a nurturing home and quality education free of charge to more than 2,000 children from families of lower income.

MHS is not a treatment program and is not equipped to serve children whose significant behavioral or learning problems render them unable to participate in the programs offered.

■ Please respond to all items on this form. The information provided is kept confidential.

■ Please mail directly to: **MILTON HERSHEY SCHOOL**  
Admissions Office  
P.O. Box 830  
Hershey, PA 17033-0830

■ To be respectful of your time, if you question the appropriateness of this child for enrollment, please call and ask to speak to an admissions counselor before completing this form. The Admissions Office values your professional input.

*If you would like additional information about the programs offered at Milton Hershey School, or if you would like to discuss this applicant or another child, call us at 717-520-3600 or 1-800-322-3248, or visit our Website at [mhskids.org](http://mhskids.org).*

*Thank you for your cooperation and assistance.*

# School Personnel Providing the Information

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

School position \_\_\_\_\_ Date \_\_\_\_\_

School name \_\_\_\_\_ School district \_\_\_\_\_

School phone ( \_\_\_\_\_ ) School fax ( \_\_\_\_\_ )

School address \_\_\_\_\_  
Street or Route

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

How well do you know this child?  Very well  Just met him/her this school year  Don't know the child

How long has the child been enrolled in this school district? \_\_\_\_\_

## Conduct/Behavior

Has the child demonstrated the following?

Leadership skills  Yes  No Teamwork  Yes  No Special talent or skill  Yes  No  
Resilience  Yes  No Persistence  Yes  No

.....> If so, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Has the child ever been suspended *in school*?  Yes  No .....> If Yes, how long? Date(s): \_\_\_\_\_

.....> If Yes, why? \_\_\_\_\_  
\_\_\_\_\_

Has the child ever been suspended *out of school*?  Yes  No .....> If Yes, how long? Date(s): \_\_\_\_\_

.....> If Yes, why? \_\_\_\_\_  
\_\_\_\_\_

Has the child ever been expelled?  Yes  No .....> If Yes, how long? Date(s): \_\_\_\_\_

.....> If Yes, why? \_\_\_\_\_  
\_\_\_\_\_

Has the child ever been placed in an alternative education setting?  
 Yes  No .....> If Yes, how long? Date(s): \_\_\_\_\_

.....> If Yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Have you observed any of the following behaviors? **Do not include typical age-appropriate behaviors.**

Inattention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Peer relationship deficits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Defiance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impulsive behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social skill deficits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oppositional behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggressive behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	Target of bullying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blaming others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absenteeism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Perpetrator of bullying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vindictive behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No

.....> If Yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_

**Please attach at least two years of child's discipline records**

# Academic Level

Please check all that apply and best indicate the instructional placement of the child:

- The child receives Regular Classroom Instruction
- The child receives Title I support .....> If Yes, how often?  
Times per week \_\_\_\_\_ Minutes per session \_\_\_\_\_ Total minutes per week \_\_\_\_\_  
.....> If Yes, which subjects? \_\_\_\_\_
- OR  The child attends a Title 1 school
- The child has been referred to the Instructional Support Team \_\_\_\_\_  
Date of referral \_\_\_\_\_  
.....> If Yes, the reason? \_\_\_\_\_
- The child receives RTII. ....> If Yes, what Tier?  1  2  3  
.....> If Yes, what subject(s)? \_\_\_\_\_
- The child has an IEP (please include a photocopy)
- The child has a 504 Plan (please include a photocopy)

### Type of Service:

- Gifted Support
- Speech and Language Support
- Learning Support
- Emotional Support
- Multiple Disabilities Support
- Deaf or Hearing-Impaired Support
- Blind or Visually-Impaired Support
- Life Skills Support
- Physical Support
- Autistic Support

### Language Skills:

- Bilingual classes
- English Language Learner (ELL) Services

### Level of Intervention (please check all that apply):

- Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day.
- Supplemental: Special education supports and services provided by special education personnel for 20% of the day but less than 80% of the school day.
- Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day.
- Receives limited academic supports for primarily core subjects (i.e., extended time for tests, directions read loud, test taking in learning support classroom).
- Receives in-classroom supports provided by specialist or aide.
- Receives academic supports that supplement core subjects and replace other non-core subjects.

Has the child repeated any grade?  Yes  No .....> If Yes, which grade(s)? \_\_\_\_\_

## Academic Records & Transcripts

Current grade \_\_\_\_\_

School year \_\_\_\_\_

This information is based on (please check all that apply):

- personal knowledge of child
- input by colleagues
- written records

Please enclose PHOTOCOPIES of the following information with the completed form, and check the boxes:

- the most recent report card and/or current progress report with school's grading key
- final grades for the two previous school years (report cards, cumulative grades)
- at least two years of current achievement test scores, including national percentiles
- PSSA results for PA applicants/state standardized achievement test scores for outside PA applicants
- 2 years of discipline records
- current 504 Plan, Individualized Education Program, accompanying Evaluation Report, and any subsequent Reevaluation Reports
- exit information and scores from ELL

If applicable: