A message to our professional partners

Established in 1909, Milton Hershey School is a private, coeducational residential school. The School offers a positive, structured home life and excellent education — free of cost — for boys and girls from families in financial need.

Currently, we serve more than 2,000 boys and girls in grades pre-K through 12. MHS is funded by a trust established by chocolate industrialist Milton S. Hershey and his wife, Catherine.

The endowment supports the following services for enrolled students:

- All expenses, including full tuition, meals, clothing, medical and dental care, and educational supplies
- Housing in a family-like setting with qualified houseparents
- Small class sizes (averaging 15-18 students per classroom)
- A wide variety of student activities, such as athletics, visual and performing arts, 4-H, scouting, and service clubs
- Career Technical Education for all students
- Opportunity to earn a postsecondary scholarship

While MHS believes all children deserve the very best education, the School is not right for every child. Learn more about admissions considerations at mhskids.org/admissions.
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.

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.

Thank you for your cooperation and assistance.

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.
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 ___________________________

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 □ Resilience □ Yes □ No

Teamwork □ Yes □ No Persistence □ Yes □ No

Special talent or skill □ 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 □ Yes □ No □ Peer relationship deficits □ Yes □ No □ Defiance □ Yes □ No

Impulsive behavior □ Yes □ No □ Social skill deficits □ Yes □ No □ Oppositional behaviors □ Yes □ No

Aggressive behavior □ Yes □ No □ Target of bullying □ Yes □ No □ Blaming others □ Yes □ No

Absenteism □ Yes □ No □ Perpetrator of bullying □ Yes □ No □ Vindictive behaviors □ Yes □ No

If Yes, please provide details. ___________________________

Please attach at least two years of child’s discipline records.
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?

<table>
<thead>
<tr>
<th>Times per week</th>
<th>Minutes per session</th>
<th>Total minutes per week</th>
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OR

- The child attends a Title I school
- The child has been referred to the Instructional Support Team

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

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.

Language Skills:

- Bilingual classes
- English Language Learner (ELL) Services

Has the child repeated any grade?  Yes  No

Academic Records & Transcripts

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

If applicable:

- current 504 Plan, Individualized Education Program, accompanying Evaluation Report, and any subsequent Reevaluation Reports
- exit information and scores from ELL