



Application for Admission

The Admissions staff is on hand to assist you in the application process and to answer any questions. Please feel free to contact us at 717-520-3600, or toll-free at 1-800-322-3248.

Milton Hershey School does not discriminate in admissions or other programs on the basis of race, color, national or ethnic origin, ancestry, sex, religious creed, or disability.

A Brighter Future Begins Here

Current Date:

Month	Day	Year
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Tell Us About Your Child

Child's legal name (as listed on birth certificate):

Male Female

Last Name	First Name	Middle Name
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Birthplace:

Birthdate:

City	State	Zip	Month	Day	Year
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Child's Social Security Number:

			-				-				
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U.S. citizen or Permanent U.S. resident*? Yes No

Does the child currently go to school? Yes No> If Yes, grade? Year: 20 ____ -20 ____

Name of school: _____ (_____) School Phone _____

How did you hear about Milton Hershey School?

Have you previously applied to MHS for this child?

Yes No> If Yes, in what year did you apply? _____

Please list the names and grades of brothers and sisters applying to MHS: (A separate application must be completed for each child.)

Name	Grade
------	-------

Name	Grade
------	-------

Please list the names and grades of brothers and sisters currently attending MHS:

Name	Grade
------	-------

Name	Grade
------	-------

Does the child have a relative who works at MHS? Yes No> If Yes, please list:

Name	Relationship to Child
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*U.S. citizens or U.S. residents who are lawfully permitted to permanently reside in the U.S.

Parent or Legal Guardian

Permanent U.S.resident*? Yes No

Last Name First Name Middle Name Relationship to Child

Address (Street or Route) Email

City State Zip County

() ()

Home Phone Cell Phone

May we contact you at work? Yes No> If Yes, please list work phone number: ()

Employer Hours of Work AM PM to AM PM

Is this the person with whom the child lives? Yes> How long has the child lived in this home? _____

No> If No, with whom does the child live?

Last Name First Name Middle Name Relationship to Child

How long has the child lived in this home? _____

Additional Contact Person *Other person we can contact if parent or legal guardian is not available*

Last Name First Name Middle Name Relationship to Child

Address (Street or Route) Email

City State Zip County

() ()

Home Phone Cell Phone

May we contact you at work? Yes No> If Yes, please list work phone number: ()

Employer Hours of Work AM PM to AM PM

Person or Agency Helping You with this Application

Completing this section authorizes Milton Hershey School to discuss specific details of this application with the person/agency listed below.

Last Name First Name Middle Name Relationship to Child

Address (Street or Route) Email

City State Zip County

() ()

Home Phone Cell Phone

May we contact you at work? Yes No> If Yes, please list work phone number: ()

Employer Hours of Work AM PM to AM PM

Background Information Please provide "mother" and "father" information, even if parent is not involved.

Check all that apply

- Parents married
- Parents separated
- Parents divorced
- Parents never married
- Mother disabled
- Mother deceased
- Father disabled
- Father deceased

Mother Biological Adoptive

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ School Grade Completed _____

Permanent U.S. resident*? Yes No Birthplace _____

Current Address (Street or Route) _____

City _____ State _____ Zip _____

(_____)
Home Phone

(_____)
Cell Phone

Is the mother in favor of the child entering MHS?
 Yes No> If No, explain why?

Father Biological Adoptive

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ School Grade Completed _____

Permanent U.S. resident*? Yes No Birthplace _____

Current Address (Street or Route) _____

City _____ State _____ Zip _____

(_____)
Home Phone

(_____)
Cell Phone

Is the father in favor of the child entering MHS?
 Yes No> If No, explain why?

Adults in Household *Example: parent, stepparent, aunt, grandmother, other relatives, other persons (please explain).*

Name _____ Age _____ Relationship to Child _____

Name _____ Age _____ Relationship to Child _____

Name _____ Age _____ Relationship to Child _____

Children in Household *Example: sister, brother, cousin, friend*

Name _____ Age _____ Grade _____ Relationship to Child _____

Name _____ Age _____ Grade _____ Relationship to Child _____

Name _____ Age _____ Grade _____ Relationship to Child _____

Name _____ Age _____ Grade _____ Relationship to Child _____

About Your Family

1. Is the child living with his/her biological/adopted mother? *If the child is living with another relative or caregiver, please answer **No**.*

Yes> If **Yes**, does the child's mother have a:

- Serious physical illness **Yes** **No**
- Mental health diagnosis/diagnoses **Yes** **No**
- Current alcohol/substance abuse problem **Yes** **No**

If **Yes** to any of the above, please describe the problem:

No> Is the child's mother providing any financial support for the child? **Yes** **No**

2. Is the child living with his/her biological/adopted father? *If the child is living with another relative or caregiver, please answer **No**.*

Yes> If **Yes**, does the child's father have a:

- Serious physical illness **Yes** **No**
- Mental health diagnosis/diagnoses **Yes** **No**
- Current alcohol/substance abuse problem **Yes** **No**

If **Yes** to any of the above, please describe the problem:

No> Is the child's father providing any financial support for the child? **Yes** **No**

3. If you answered **No** to #1 AND #2, does the primary caregiver have a:

- Serious physical illness **Yes** **No**
- Mental health diagnosis/diagnoses **Yes** **No**
- Current alcohol/substance abuse problem **Yes** **No**

If **Yes** to any of the above, please describe the problem:

Family Services Information

Has your family been involved with Children & Youth, DHS, or DYFS? **Yes** **No**

If **Yes**, has your child been referred to and/or accepted for services? **Yes** **No**

If **Yes** to either question, please complete the information below.

Children & Youth Agency Name	Dates (From/To)	Purpose	City, State	Phone

Your Family Assets List actual value of the following assets as of the date of application.

1. Assets

Checking Account(s) \$ _____

Savings Account(s) \$ _____

Other Assets

Specify type (401K, CDs, pension plans, stocks & bonds, etc.)

\$ _____

2. Vehicles (Family vehicles owned or leased)

Car 1: _____ Make / Model / Year

\$ _____

Monthly Payment

Car 2: _____ Make / Model / Year

\$ _____

Monthly Payment

3. Family Residence

Do you rent? Yes No

If **Yes**, what is the monthly rent payment? \$ _____

Do you own a home? Yes No

If **Yes**, what is the monthly mortgage payment? \$ _____

4. Other Real Estate

Do you own real estate, other than your family residence?

Yes No

If **Yes**, what was the purchase price of this other real estate? \$ _____

Do you receive rental income from this property?

Yes No

If **Yes**, what is the monthly rent? \$ _____

Household Income Please indicate ALL sources of money coming into the household, for all people living in the house.

Examples: parent's paycheck, stepparent's paycheck, other person contributing to household income (please indicate relationship), Social Security benefits, child support, disability, housing assistance, food stamps, adoption/foster care subsidy, utility assistance, any other type of public assistance.

Type of income:	Whose income is this? <i>(Example: mother, father, etc.)</i>	Amount of monthly income before taxes & deductions
Employment Income		\$ _____
Employment Income		\$ _____
Social Security Income <input type="checkbox"/> Disability <input type="checkbox"/> Death Benefits <input type="checkbox"/> Retirement		\$ _____
Supplemental Security Income		\$ _____
Pension/Retirement		\$ _____
Workers' Compensation		\$ _____
Unemployment Benefits		\$ _____
Self-Employment <i>(including babysitting and room & board paid to you)</i>		\$ _____
Child Support/Alimony		\$ _____
Public Assistance <input type="checkbox"/> Cash <input type="checkbox"/> Food Stamps <input type="checkbox"/> Utilities/Housing		\$ _____
Adoption Subsidy/Foster Care Payment		\$ _____
Other <i>(specify e.g., dividends/interest)</i>		\$ _____

Please include copies of financial documentation (paystubs, W-2 Forms, 1040 Federal Income Tax Return, etc.)

About Your Child – Background and Interests

Milton Hershey School seeks to enroll a diverse student body from a wide range of backgrounds and experiences. This section is **voluntary**. You are encouraged to — but are not required to — answer some or all of the following questions to help us understand what makes your child unique.

1. Has your child traveled or lived in other states or countries?

Yes No► If Yes, please list:

2. Does your child speak any language other than English?

Yes No► If Yes, which language:

3. Is your child (family) involved in any faith/cultural community? (e.g., religious, organization, special community program)

Yes No► If Yes, please describe:

4. Does your child have a special ability, talent or skill?

Yes No► If Yes, please describe:

5. Has your child faced any significant challenges?

Yes No► If Yes, please describe the situation and how your child has responded:

6. Please check the box(es) that best fit your child's ethnic & racial identity:

Hispanic or Latino Yes No

American Indian or Alaskan Native

Asian

Black or African-American

Native Hawaiian or other Pacific Islander

White

7. What goals or dreams do you have or does your child have for the future?

8. Please describe your child's level of motivation to attend Milton Hershey School.

Unsure

Motivated

Highly motivated

About Your Child – Child's Health Information

During the admissions process, we may need to request and review records to determine if your child can participate in the programs of MHS with or without accommodation. *Please attach additional sheet if necessary.*

Please list current or past (last 4 years) providers for physical, mental, or behavioral health care.

Doctor or Health Professional's Name	Type of Service	Street Address	City, State, Zip	Phone

About Your Child – School Information

About Your Child – Conduct and Behavior

Please indicate if your child has recently received any of the following services (within one calendar year of the application date).

1. Does your child get “extra help” at school for academics?

- IEP or 504 Plan Yes No
- Occupational therapy Yes No
- Speech services Yes No
- Title I Yes No
- RTII Yes No

If **Yes**, please describe:

Does your child get “extra help” at school for behavior?

- IEP for behavior or emotional support Yes No
- 504 Plan for behavior or emotional support Yes No
- Behavior Plan Yes No
- Behavioral Consultant Yes No
- Counseling Yes No
- Mobile Therapist Yes No
- Therapeutic Support Services (TSS) Yes No

If **Yes**, please describe:

1. Have you observed any of the following in your child *in the last calendar year?*

- Defiance
- Sexually acting-out
- Blaming others
- Intentionally injuring himself/herself
- Opposition
- Behaviors requiring police involvement
- Vindictive (seeking revenge)
- Behaviors requiring a hospital stay
- Physically aggressive
- Angry or irritable mood
- Drug or alcohol use
- Sad more days than most
- Running away

If **Yes**, please describe:

2. Has your child received any of the services listed above in the past 5 years, but is no longer receiving them?

Yes No> If **Yes**, please describe:

2. What concerns, if any, do you have about your child’s behavior?

3. Does your child receive ELL service(s) (English Language Learner)?

Yes No

4. Has your child been suspended or expelled at school in the last two years?

Yes No

If **Yes**, when and why:

For the Parent or Legal Guardian

Please provide us with any additional information you feel would be helpful for us to know as we review this application.
Please attach additional sheets if necessary.

Statement and Authorization

1. I am the custodial parent(s) or legal guardian(s) of: _____
Print Child's Name
2. All information provided on the application and through Federal Income Tax returns, W-2 Wage and Tax Reporting Statements, Forms 1099, etc., is to the best of my knowledge, true, correct, complete, and accurate.
3. When requested, I agree to send an official copy of any income documentation (i.e., tax return, appropriate schedules, and W-2 Forms).
4. Neither the child nor I receive financial support which has not been listed on the application.
5. I authorize my employer(s) (past or present), government agencies, banks or other financial institutions, insurance companies, credit-reporting institutions, and other relevant sources to disclose to representatives of Milton Hershey School any financial information requested in connection with the application.
6. I authorize Milton Hershey School to contact schools, agencies, and other sources to obtain information to support this application, and release every person, agency, and institution from any liability pertaining to the furnishing of such information.
7. I authorize Milton Hershey School to use the information provided on the application for the purpose of considering the child for admission and for other purposes deemed necessary by the School.
8. I agree to provide, if requested, any other official documentation necessary to verify the information provided.
9. I understand that providing false information may result in discontinuation of the application or termination of enrollment.

Signature of Custodial Parent (or Legal Guardian)

Date

Signature of Custodial Parent (or Legal Guardian)

Date

Did you remember to:

- Complete ALL areas of this application?
- Sign the back page?
- Take or send the gold School Information Form to your child's school?

For faster processing of your child's application, please include a copy of your most recent:

- 1040 Federal Income Tax Return
- W-2 Forms
- One month's pay stubs
- Documentation of other forms of total household income

After completing the Application for Admission, please mail to the Milton Hershey School Admissions Office.

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
mhskids.org