

Parent or Legal Guardian

Last Name First Name Middle Name Relationship to Child

()
Address (Street or Route) Home Phone

City State Zip County

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

Last Name First Name Middle Name Relationship to Child

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

Last Name First Name Middle Name Relationship to Child

()
Address (Street or Route) Home Phone

City State Zip County

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) Home Phone

City State Zip County

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

Employer Hours of Work AM PM to AM PM

About Your Household

Mother Biological Adoptive

Last Name First Name Middle Name

Birthdate School Grade Completed

Address (Street or Route)

City State Zip

Mother's Social Security Number:
| | | | - | | | | | | | | |

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

Address (Street or Route)

City State Zip

Father's Social Security Number:
| | | | - | | | | | | | | |

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

Check all that apply

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

Adults in Household (Example: parent, stepparent, aunt, grandmother, other relatives, etc.)

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 Relationship to Child

Name Age Relationship to Child

Name Age 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:

- Does not apply

4. Is the child in foster care?
(in the custody of Children and Youth) **Yes** **No**

5. Does the child share a bed or sleep in a common room?
(for example, on the couch in the living room) **Yes** **No**

6. Have the child's caregiver(s) been evicted
or homeless in the last 12 months? **Yes** **No**

7. In the last 12 months, has the child visited the emergency
room for injuries caused by violence in his/her:

- School? **Yes** **No**
- Home? **Yes** **No**
- Neighborhood? **Yes** **No**

8. Has the child witnessed adults who care for him/her
hitting one another in the last 12 months? **Yes** **No**

9. In the last 12 months, has the gas or
electricity been turned off in the home
where the child has been living? **Yes** **No**

10. Has the family been aided by outside assistance for food?
(for example, food bank, church/mission, community agency;
but not Food Stamps) **Yes** **No**

If **Yes**, how often does the family seek outside assistance?
 Daily Weekly Monthly Yearly

If **Yes**, please list the agency: _____

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	\$ Purchase Price	\$ Monthly Payment
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Car 2:	Make / Model / Year	\$ Purchase Price	\$ Monthly Payment
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Other Vehicles:	Make / Model / Year	\$ Purchase Price	\$ Monthly Payment
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3. Family Residence

Do you rent?

Yes No ➔ If Yes, who pays the rent? _____

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

Do you own a home?

Yes No ➔ If Yes, in whose name is the home titled? _____

What is the monthly mortgage payment? \$ _____

What was the purchase price of the home? \$ _____

What is the estimated current value? \$ _____

4. Other Real Estate

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

Yes No ➔ If Yes, what type of property? _____

What is the estimated current value? \$ _____

Does anyone pay you rent for this other owned real estate?

Yes No ➔ If Yes, monthly amount paid to you? \$ _____

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.

Please check Yes or No where appropriate.				
Does anyone have income from:		Whose income is this? (Example: mother, father, etc.)	How often is this income received? (Weekly, Bi-weekly, Monthly)	Amount of monthly income before taxes & deductions
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Employment				
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Employment				
Social Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dividends/Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Self-Employment (Including babysitting and room & board paid to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Adoption Subsidy/Foster Care Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Child's Name: _____ Birth Date: _____

Medical Information

Allergies:

Medical Problems (past or present):

Primary Physician's Name

Address

Phone Number

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Psychiatrist's Name (if applicable)

Address

Phone Number

--	--	--

Medication

Current (circle one)

Purpose

	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	

Has your child had any previous or current counseling, evaluations, and/or substance abuse treatment?

Yes or **No** (If "Yes," please complete. If "No," move on to the next section.)

Therapist, Counselor, or Program	Dates (From/To)	Purpose	Address	Phone Number

Child's Name: _____ Birth Date: _____

Mental Health Information

Has your child had any previous inpatient, partial, and/or day hospitalizations? Yes or No
(If "Yes," please complete. If "No," move on to the next section.)

Hospital	Dates (From/To)	Purpose	Address	Phone Number

Legal Information

Has your child had any previous or current police involvement? Yes or No
(If "Yes," please complete. If "No," move on to the next section.)

Police Department	Dates (From/To)	Probation (circle one)	Purpose	Address	Phone Number
		Yes/No			
		Yes/No			

Family Services Information

Has your family been involved with Children & Youth? Yes or No
(If "Yes" to the above question, has your child been referred to and/or accepted for services? Yes or
 No (If "Yes," to either question, please complete the information below.)

Children & Youth Agency Name	Dates (From/To)	Purpose	Address	Phone Number

Behavioral Information

What are your child's strengths?

What are the areas of concern about your child?

1.	1.
2.	2.

Signature _____

Date _____

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. Providing false information may result in discontinuation of the application or termination of enrollment.
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.

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

717-520-2100 or 1-800-322-3248
Fax: 717-520-2117
E-mail: mhs-admissions@mhs-pa.org
www.MHS-PA.org