

The Help Group

Application Form

Thank you for your interest in The Help Group's Schools. This is the application for:

- Bridgeport/Bridgeport West and Bridgeport Vocational
- North Hills Preparatory
- Summit View Valley/Summit View West
- Sunrise/Sunrise West
- Village Glen
- Young Learners

We recommend that you provide copies of the following documents:

- Student photo
- Transcript (required for high school students)
- Most recent report card
- District referral letter
- Any applicable assessments or evaluations (i.e. most recent psycho-educational assessment, functional behavior assessment, behavior intervention plan, clinical or mental health reports)

Please submit completed PDF applications to Hannah Vally at hvally@helpgroup.org. If you need assistance, contact our Admissions Office at **818-779-5262**. We look forward to partnering with you on your child's educational journey.

Student and Family Contacts

First Name _____

Middle Name _____

Last Name _____

Suffix _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

Preferred Gender: ☐ Male ☐ Female ☐ Non-Binary

Date of Birth ____/____/____

For students 18+, are you legally conserved? ☐ No ☐ Yes

Student Contact Information

Phone _____

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Mailing Address (If different from above)

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Parent/Guardian Contact Information

Please enter in your student's contact in the order you would like them contacted in case of an emergency.

Parent/Guardian Contact 1

First Name _____

Middle Name _____

Last Name _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone 1 Number _____ Ext. _____

Phone 1 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Phone 2 Number _____ Ext. _____

Phone 2 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Email Address _____

Preferred language of correspondence _____

Lives with student ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Receives mail for student ☐ Yes ☐ No

Company _____

Title _____

Mailing Address (If different from student address)

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Parent/Guardian Contact 2

First Name _____

Middle Name _____

Last Name _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone 1 Number _____ Ext. _____

Phone 1 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Phone 2 Number _____ Ext. _____

Phone 2 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Email Address _____

Preferred language of correspondence _____

Lives with student ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Receives mail for student ☐ Yes ☐ No

Company _____

Title _____

Mailing Address (If different from student address)

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Contact 3 Information

First Name _____

Middle Name _____

Last Name _____

Relationship to Student: _____

Phone 1 Number _____ Ext. _____

Phone 1 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Phone 2 Number _____ Ext. _____

Phone 2 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Email Address _____

Preferred language of correspondence _____

Lives with student ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Receives mail for student ☐ Yes ☐ No

Company _____

Title _____

Mailing Address (If different from student address)

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Contact 4 Information

First Name _____

Middle Name _____

Last Name _____

Relationship to Student: _____

Phone 1 Number _____ Ext. _____

Phone 1 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Phone 2 Number _____ Ext. _____

Phone 2 Type ☐ Home ☐ Mobile ☐ Work

Preferred phone number? ☐ Yes ☐ No

If Mobile, accepts SMS? ☐ Yes ☐ No

Email Address _____

Preferred language of correspondence _____

Lives with student ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No

Receives mail for student ☐ Yes ☐ No

Company _____

Title _____

Mailing Address (If different from student address)

Address _____

Apt / Unit / Ste _____

City _____ State _____ Zip _____

Student School and Intervention History

School Routing Information

Grade in the 25-26 Academic Year:

Circle one: PK K 1 2 3 4 5 6 7 8 9 10 11 12 13 Transitional

School applying for:

- ☐ Bridgeport School & Bridgeport Vocational Center
- ☐ Bridgeport West School (Culver City)
- ☐ North Hills Preparatory
- ☐ Summit View School (Valley Glen)
- ☐ Summit View Westside (Culver City)
- ☐ Sunrise School (Sherman Oaks)
- ☐ Sunrise West School (Culver City)
- ☐ Village Glen School (Sherman Oaks)
- ☐ Young Learners School (Sherman Oaks)

School applying for Current Instructional Program: ☐ General Education ☐ Alternate Curriculum

Does your child currently have a diagnosis? ☐ Yes ☐ No

Primary Eligibility: ☐ Autism ☐ ADHD ☐ Pending ☐ Other

If Other, please specify _____

Secondary Eligibility: ☐ Autism ☐ ADHD ☐ Pending ☐ Other

If Other, please specify _____

☐ District of Residence: ☐ Los Angeles Unified ☐ Other

If Other, please specify _____

Student funding status: ☐ District ☐ Charter ☐ Private Pay ☐ Pending Approval

School History

Please list all schools your child has previously attended. Please list the most recently attended school first.

Name of Previous School 1 _____

School Type:

- ☐ Non-Public
- ☐ Charter School
- ☐ Public School
- ☐ Private

Type of Program:

- ☐ Full Inclusion Classroom
- ☐ Full Inclusion Classroom with Resource Pull-Out
- ☐ Special Day Class
- ☐ Special Day Class with Some Mainstreaming

Grade(s) Attended _____

Reason for Seeking New Placement _____

Name of Previous School 2 _____

School Type:

- ☐ Non-Public
- ☐ Charter School
- ☐ Public School
- ☐ Private

Type of Program:

- ☐ Full Inclusion Classroom
- ☐ Full Inclusion Classroom with Resource Pull-Out
- ☐ Special Day Class
- ☐ Special Day Class with Some Mainstreaming

Grade(s) Attended _____

Reason for Seeking New Placement _____

School History (continued)

Have you ever applied to any other Help Group school?

☐ Yes ☐ No

Which School, and what was the outcome? _____

Does the student currently have any siblings attending a Help Group school? ☐ Yes ☐ No

Sibling Name, Grade, and School: _____

Academic History

Please indicate any current educational concerns (check all that apply):

- ☐ Difficulty with reading
- ☐ Difficulty with spelling
- ☐ Difficulty with abstract concepts
- ☐ Difficulty with handwriting
- ☐ Difficulty with math
- ☐ Difficulty maintaining attention
- ☐ Difficulty with organization (forgets homework, misses assignments)
- ☐ Other: _____

Behavioral History

Please indicate any behavioral concerns (check all that apply):

- ☐ School attendance issues/ School refusal
- ☐ Fights and/or physical aggression towards students and/or staff
- ☐ Suspensions/expulsions
- ☐ Prefers isolation
- ☐ Prefers repetitive procedures
- ☐ Difficulty making new friends
- ☐ Severe anxiety
- ☐ Upset if daily routine is disturbed
- ☐ Inappropriate sexual behaviors
- ☐ Eloping
- ☐ Verbal aggression towards students and/or staff
- ☐ Self-injurious behavior
- ☐ Property destruction
- ☐ Suicidal ideations
- ☐ Depression and/or mood disorders
- ☐ Alcohol and/or substance abuse
- ☐ Other: _____

School History (continued)

Strengths Inventory

My child's strengths and talents include: _____

Intervention History

If your child is currently receiving or has received the following services, please indicate when these services were received below. *If currently receiving services, write "current."*

	<i>From (mo/year)</i>	<i>To (mo/year)</i>
Speech and Language		
Occupational Therapy		
Tutoring		
One-on-One		
Mental health services		

What prompted you to seek an evaluation? _____

Student Medical History

Does the applicant have any allergies?

☐ No ☐ Yes

If Yes, please list all allergies. _____

Does the applicant have any chronic or serious health problems?

☐ No ☐ Yes

If Yes, please describe. _____

Does the applicant have any health restrictions or limitations?

☐ No ☐ Yes

If Yes, please describe. _____

Is there a history of the applicant taking medications?

☐ No ☐ Yes

If Yes, please list Medication, Dosages/Times, Prescribing Doctor and Purpose.

Has your child been hospitalized for any reason?

☐ No ☐ Yes

Please explain below. _____

Referral Source

Please provide the following information regarding the person or organization that referred you to The Help Group.

Referral 1

Name _____

Title _____

Affiliated Agency or Organization _____

Type of Referral:

- ☐ District
- ☐ Charter
- ☐ Private School
- ☐ Attorney/Advocate
- ☐ In-Process of Medication
- ☐ Resource Center
- ☐ Other _____

Phone Number _____

Email _____

Referral 2

Name _____

Title _____

Affiliated Agency or Organization _____

Type of Referral:

- ☐ District
- ☐ Charter
- ☐ Private School
- ☐ Attorney/Advocate
- ☐ In-Process of Medication
- ☐ Resource Center
- ☐ Other _____

Phone Number _____

Email _____

Application Authorization Signature

I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.

I affirm that the information provided on this application is true, correct and complete, to the best of my knowledge and belief.

Parent/Guardian/Proxy Signature: _____ **Date:** ____/____/____