



# Hilton Head Preparatory School

8 Fox Grape Road • Hilton Head Island, South Carolina, 29928 • 843-671-2286, ext. 505 • Fax 843-671-7624  
Mrs. Bobbie Somerville, Director of Admissions • bsomerville@hhprep.org • www.hhprep.org

## APPLICATION FOR ADMISSION

This application to accompany a non-refundable \$75 application fee.

How did you learn about Hilton Head Preparatory School? (please check all that apply)  Website  Print Ad  Direct Mail  Word-of-mouth

Other \_\_\_\_\_

<b>STUDENT</b>	Applying for (circle appropriate grade) JK K 1 2 3 4 5 6 7 8 9 10 11 12 for August _____ (year)											
	Last Name			First Name			Middle Name			Preferred Name		
	Date of Birth (mm/dd/yyyy)			Social Security Number			Expected Date of Enrollment			Local Neighborhood		
							<input type="checkbox"/> Male			<input type="checkbox"/> Female		
	Address				City				State		Zip	
	Home Phone			Cell Phone			E-mail Address					
	Country of Birth						Country of Citizenship					

<b>ACADEMIC</b>	Current School			Phone			Fax			
	Address			City			State		Zip	
	Principal/Head of School									
	Names of other schools attended in the last two years									
	Transcript/Standardized Testing Results <input type="checkbox"/> Attached <input type="checkbox"/> To be forwarded									

Has the applicant:

Skipped a grade  Repeated a grade  Had remedial instruction  Had a psychological education evaluation

Had difficulties at current school  Been suspended from school  Been dismissed from school

(Please explain any of the above situations on a separate page.)

<b>MEDICAL</b>	Does the applicant have any physical health problem which may limit physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the applicant on any medication program (e.g., Insulin, Dilantin, Ritalin)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the applicant ever been out of school for an extended period of time for reasons other than vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the applicant consulted a psychiatrist, psychologist or psychiatric social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the applicant ever had a serious illness, injury or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(If yes to any of the above questions, please explain on a separate page.)

I understand that the applicant's admission application and all related forms will be held in the strictest confidence and will not be disclosed to anyone, including the applicant and his/her family. The Director of Admissions may, for official purposes and at her discretion, disclose any part or all thereof as she deems advisable.

**OPTIONAL**  
Please attach a recent, clear close-up snapshot or passport type photograph of the applicant. Please do not staple.

Applicant lives with  Father & Mother  Mother  Father  Guardian

Financial responsibility assumed by:

Will the family be applying for financial aid?  Yes  No

**FATHER**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Name of Step Parent if Applicable

\_\_\_\_\_  
Address (if different than applicant)

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

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Cell Phone E-mail

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Colleges Attended and Degrees

**MOTHER**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Name of Step Parent if Applicable

\_\_\_\_\_  
Address (if different than applicant)

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

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Cell Phone E-mail

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Colleges Attended and Degrees

**SIBLINGS**

\_\_\_\_\_  
Name Date of birth School currently attending

\_\_\_\_\_  
Name Date of birth School currently attending

\_\_\_\_\_  
Name Date of birth School currently attending

\_\_\_\_\_  
Name Date of birth School currently attending

Has a family member ever attended Hilton Head Preparatory School, Sea Pines Academy or May River Academy?  Yes  No

\_\_\_\_\_  
Name Relationship School Years attended

\_\_\_\_\_  
Name Relationship School Years attended

**PATERNAL GRANDPARENTS**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone E-mail

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Company employed by or retired from

\_\_\_\_\_  
Colleges Attended and Degrees

**MATERNAL GRANDPARENTS**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone E-mail

\_\_\_\_\_  
Occupation/Title

\_\_\_\_\_  
Company employed by or retired from

\_\_\_\_\_  
Colleges Attended and Degrees

Please enclose a non-refundable \$75 application fee payable to Hilton Head Preparatory School and mail to Mrs. Bobbie Somerville, Hilton Head Preparatory School, 8 Fox Grape Road, Hilton Head Island, SC 29928.

Parent Signature

Date