



Hilldale Learning Academy

300 E. Smith Ferry Road
Muskogee, OK 74403

(918) 683-3253
Fax (918) 683-0622

Mr. Tim Stevens
Tstevens@hilldaleps.org

Hilldale Learning Academy Student Data Form

Student name: _____ Student ID Number: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Parents/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Student Ethnicity: _____

Number of Completed Credits: _____ GPA: _____

Is the Student participating in Oklahoma Promise? _____

Is the Student on an Individual Education Program? _____

Is the Student enrolled in Vo-Teach? _____

Number of days Absent (most recent semester): _____

Number of days In-School Placement (most recent semester): _____

Number of Days Out-of-School Suspension (most recent semester): _____

Attached:

1. Current schedule
2. Transcript
3. Current Grades (only applicable if during the entering during the semester)
4. Discipline Report

HILDALE LEARNING ACADEMY

PARENT/GUARDIAN CONTRACT

I AGREE to support all Hilldale Learning Academy policies and procedures.

I AGREE to abide by all Hilldale Public School District policies and procedures.

I AGREE to provide on time transportation to school if needed.

I Agree to promote my student's consistent attendance and to notify the office by noon the same day if my child is going to be absent/not logged on.

I AGREE to monitor my student's grades through parent portal and by keeping track of progress/report card distribution dates.

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Director of HLA

Date

Signature of Assistant Principal

Date



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Learning Academy Student Assessment Form

(Confidential/Parent or Guardian Completion)

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Briefly explain why your child is applying to the Learning Academy:

Please Explain any significant:

1. Recent life changes or events:

2. Behavioral Problems:

3. Relationship Problems:

4. History of Physical or Sexual Abuse:

5. Stress of Problems at home:

6. History of Alcohol/Drug abuse or treatment:

7. History of Counseling or Psychiatric Care:

8. What are your student's hobbies or interest?

9. Describe your student's work experience:

10. Describe your student's strengths:

11. Describe your student's weaknesses:

12. What goals would you like to see your child accomplish this year?

Hildale Learning Academy

Student Survey

Name: _____ Grade: _____

Please Check any of the following that may explain your lack of success within the traditional school environment:

- _____ Bullying
- _____ Boredom
- _____ Chronic Health Problem (Physical or Mental)
- _____ Difficulty Following School Rules
- _____ Drug/Alcohol Use
- _____ Excessive Absences
- _____ Excessive Zeros
- _____ Failure to Respect Authority
- _____ Family Crisis
- _____ Frequent Disciplinary Referrals
- _____ Frequent Moves from School to School
- _____ Lack of Effort/Motivation
- _____ Low Self-Esteem
- _____ Parenting/Pregnancy
- _____ Poor Academic Skills
- _____ Social Withdrawal/Isolation

Other: _____

1. Please describe why you want to attend the Hilldale Learning Academy:

2. What changes are you willing to make in order to be successful at the Hilldale Learning Academy?

3. What career would you like to pursue after you graduate from high school?

4. What are your greatest strengths and weakness at school?
