



Rolling Hills Preparatory School

One Rolling Hills Prep Way, San Pedro, CA 90732 t. 310.791.1101 f. 310.373.4931

Admission Process

1. Complete the **Application for Admission** and **Candidate's Questionnaire** forms and submit them with the application fee of \$150. Make checks payable to Rolling Hills Prep School. The address is: One Rolling Hills Prep Way, San Pedro, CA 90732
2. Submit the **Teacher Recommendation** forms and the **Transcript Request** form to the student's current school after December 1.
3. As soon as possible, ask those who will be providing references (two required) to complete the **Personal Reference** forms. These can be teachers or family friends.
4. Register for the **ISEE (Independent School Entrance Exam)** and request that the scores be sent to Rolling Hills Prep School. You may register online at www.erbtest.org or by mail. The test should be taken as soon as possible so that we have the scores as part of the package. Please contact the Admission Office with questions or for more information.
5. Upon receipt of your **Application for Admission**, the next step is to schedule a date for your student to spend the day at RHP going to classes with one of our current students. Please call the Admission Office to schedule a time that's convenient for you. At that time we will also make an appointment for a parent interview. If you have any questions, please contact us and we will be happy to schedule a private tour or an additional appointment.

Contact Information for Admission Staff

Director of Admission
310.791.1101 ext. 148
admission@rhps-k12.com

The first admission decisions are made in March. Additional decisions are made on a rolling basis. If you are accepted, please respond as soon as possible so we can welcome you into the RHP family!



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Applicant Information

Applicant's Full Legal Name

Last First Middle Preferred Name

Male Female Date of Birth ____ / ____ / ____ Birthplace _____ Height ____ Weight ____

Home Address _____ City _____ State ____ Zip _____

Home Telephone _____

Current Grade ____ Applying For Grade ____ Academic Year ____ Previous Applicant? Yes, Year ____ No

Family Information

FATHER/LEGAL GUARDIAN

Full Name _____

Preferred Name _____

DOB _____

Address (If Different) _____

City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____

Occupation/Title _____

Business Address _____

City _____ State ____ Zip _____

Business Phone _____

MOTHER/LEGAL GUARDIAN

Full Name _____

Preferred Name _____

DOB _____

Address (If Different) _____

City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____

Occupation/Title _____

Business Address _____

City _____ State ____ Zip _____

Business Phone _____

Office Use

	DATE		DATE
Open House	<input type="checkbox"/> _____	English	
Visit	<input type="checkbox"/> _____	Recommendation	<input type="checkbox"/> _____
Application	<input type="checkbox"/> _____	Math	
ISEE	<input type="checkbox"/> _____	Recommendation	<input type="checkbox"/> _____
Transcript	<input type="checkbox"/> _____	Interview	<input type="checkbox"/> _____

Please print the name of the applicant on the back of a small photograph, taken recently, and attach it here.

This enables us to connect names with faces.

The photograph is requested, not required.

Family Information Continued

Check all that apply Parents Married Parents Separated Parents Divorced Single Parent
 Mother Remarried Mother Deceased Father Remarried Father Deceased

Applicant lives with Both Parents Mother Father Other _____

If parents are divorced, who has legal custody of the applicant? _____

If parents share custody, please indicate the applicant's primary residence Mother Father

If parents are remarried, please provide step-parent(s)' name(s) _____

SIBLINGS

Name	Age	School	Present Grade
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Please note any current or former RHP students or teachers that you are related to or know as friends.

Name	Relationship	Class/Year
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Educational History

Current School Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

SCHOOLS PREVIOUSLY ATTENDED

School	Grade Attended	City/State	Telephone
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Has the applicant ever been subject to any major disciplinary action (probation, suspension, dismissal) in any school?
 Yes No If yes, provide grade, date, and explanation on a separate piece of paper.

Has the applicant ever skipped or repeated a grade? Yes No If yes, which grade and why?

Does the applicant take any prescribed medication(s) or need any special medical attention? Yes No

If yes, please explain and list the condition(s) and medication(s) _____

Financial Responsibility

Person(s) who will be responsible for payment of tuition and fees.

Name _____ Relationship _____ Signature _____
Address _____ City _____ State _____ Zip _____
Email _____ Home Phone _____ Work Phone _____

If responsibility is shared, please provide that information on a separate sheet.

Financial Aid

Any student interested in Rolling Hills Prep School should apply for admission regardless of the family's financial situation. Because the school is committed to a diverse student body from varying backgrounds, Rolling Hills Prep School has a strong need-based financial aid program that provides flexible tuition to families who otherwise cannot afford the full tuition cost.

Do you intend to apply for flexible tuition? Yes No

If yes, we will send you the additional flexible tuition information and the **Parent's Financial Statement** which you should submit to the school by March 1, 2010.

Please read carefully all financial aid policies and note all deadlines for requesting assistance.

Please return this application with the \$150.00 non-refundable application fee (checks should be made payable to RHP) to:
Director of Admission , Rolling Hills Preparatory School, One Rolling Hills Prep Way, San Pedro, CA 90732

Rolling Hills Preparatory School does not discriminate on the basis of race, creed, ethnic or national origin, religion, disability, gender, or sexual orientation in the administration of its admission and educational policies, financial aid program, or athletic and other school administered programs.

Please read and sign before submitting this application for review.

I certify that the information provided in this application is complete and accurate. I understand that failure to disclose information about the applicant's educational, medical, emotional or behavioral history may affect Rolling Hills Preparatory School's admission decision. The School reserves the right to reverse its decision, even after acceptance and enrollment, if such information has been withheld.

Applicant _____ Date _____

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____



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Candidate's Questionnaire

Please write answers to questions in ink, in your own handwriting. Thank you.

Date _____ Applicant's Full Name (Please Print) _____

Applying for Grade _____ Date of Birth _____ Age _____

Signature _____

1. What subjects do you like best in school and why?

2. In what sports do you participate, both in and out of school?

A. Team Sports (list teams and number of years involved)

B. Other Athletic Interests

3. In what other organized school activities have you been involved? (Such as Student Government, publications, etc)



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Transcript Request

To The Parent

After you have filled in the first six lines below, please give this form to your child's current school registrar or an authorized official for forwarding to Rolling Hills Preparatory School in the envelope provided.

Applicant's Full Name _____
Last First Middle

Applying for Grade _____ Year _____ Present Grade _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Name of School _____ Telephone _____

Address _____ City _____ State _____ Zip _____

I hereby authorize release of the academic records of my son or daughter to Rolling Hills Prep School.

Parent's Authorized Signature (For Release of Records) _____

To The School Registrar

The student whose name appears above is applying for admission at Rolling Hills Preparatory School. We would like to have the candidate's record at your school for the past three years. Please be sure to include grades to date in current courses or forward 1st semester grades to us.

Please sign below and return this form with an official transcript.

School Official's Signature _____

Position _____

Date _____



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Confidential Teacher Recommendation - English

The student named below is applying for admission at Rolling Hills Preparatory School. We would greatly appreciate your candid evaluation of the candidate. Please fill out this form as soon as possible and forward it to us in the envelope provided.

Your comments will be held in strict confidence.

Candidate's Name _____ Applying for Grade _____ Year _____

English Teacher's Name _____ School Telephone _____

School Name _____ City _____ State _____ Zip _____

1. How long have you known this student and in what context? Please list courses you have taught him or her and the level of course difficulty - accelerated, honors, regular, etc.

2. What are the first words that come to your mind to describe this student?

3. Please discuss the student's overall performance in relation to his or her ability.

4. Please comment on the student's character (e.g., relationships with peers and adults, any obvious strengths or weaknesses).

Please check the appropriate ratings below.

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Attention Span	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Occasionally Distracted	<input type="checkbox"/> Usually Good	<input type="checkbox"/> Exceptionally Good
Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Creativity & Originality	<input type="checkbox"/> Tends to Follow	<input type="checkbox"/> Occasional Spark	<input type="checkbox"/> Independent Ideas	<input type="checkbox"/> Very Original
Independent Work Habits	<input type="checkbox"/> Needs Much Supervision	<input type="checkbox"/> Needs Help Frequently	<input type="checkbox"/> Needs Help Occasionally	<input type="checkbox"/> Always Works Well
Use of Time	<input type="checkbox"/> Uses Poorly	<input type="checkbox"/> Occasionally Wasted	<input type="checkbox"/> Usually Uses Well	<input type="checkbox"/> Uses Effectively
Follows Directions	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Effort & Perseverance	<input type="checkbox"/> Does Little	<input type="checkbox"/> Some Desire	<input type="checkbox"/> Well-Motivated	<input type="checkbox"/> Highly Motivated
Intellectual Curiosity	<input type="checkbox"/> Limited	<input type="checkbox"/> Occasional Spark	<input type="checkbox"/> In One Area Only	<input type="checkbox"/> Strong and Varied

Please evaluate the applicant in the following areas.

	performs below grade-level	performs consistent with grade level	performs above grade-level	not applicable
VOCABULARY				
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING				
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for Drawing Appropriate Inferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Move From Literal to Figurative Interpretations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING				
Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the appropriate ratings below.

Integrity & Honesty	<input type="checkbox"/> Questionable	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Highly Developed
Consideration of Others	<input type="checkbox"/> Rarely Considerate	<input type="checkbox"/> Usually Considerate	<input type="checkbox"/> Always Considerate	<input type="checkbox"/> Unusually Thoughtful
Interaction with Peers	<input type="checkbox"/> Relates Poorly	<input type="checkbox"/> Occasional Problems	<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Extremely Popular
Classroom Conduct	<input type="checkbox"/> Frequent Disruptions	<input type="checkbox"/> Occasional Misconduct	<input type="checkbox"/> Usually Good Behavior	<input type="checkbox"/> Good Conduct
Initiative	<input type="checkbox"/> A Follower	<input type="checkbox"/> Leads When Encouraged	<input type="checkbox"/> Seeks Opportunities	<input type="checkbox"/> Natural Leader
Emotional Stability	<input type="checkbox"/> Easily Frustrated	<input type="checkbox"/> Seeks Much Attention	<input type="checkbox"/> Comfortable in Class	<input type="checkbox"/> Very Stable
Self Confidence	<input type="checkbox"/> Needs Much Reassurance	<input type="checkbox"/> Needs Some Support	<input type="checkbox"/> Asserts Own Ideas	<input type="checkbox"/> Healthy Self-Esteem
Fulfills Responsibility	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Parent Cooperation	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding

Teacher's Signature _____ Date _____



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Confidential Teacher Recommendation - Mathematics

The student named below is applying for admission at Rolling Hills Preparatory School. We would greatly appreciate your candid evaluation of the candidate. Please fill out this form as soon as possible and forward it to us in the envelope provided.

Your comments will be held in strict confidence.

Candidate's Name _____ Applying for Grade _____ Year _____

Mathematics Teacher's Name _____ School Telephone _____

School Name _____ City _____ State _____ Zip _____

1. How long have you known this student and in what context? Please list courses you have taught him or her and the level of course difficulty - accelerated, honors, regular, etc.

2. What are the first words that come to your mind to describe this student?

3. Please list the topics covered in this year's course, or specify if Algebra I, Algebra II or Geometry.

4. What class would you place this student in next year? Would you recommend honors?

5. Describe how this student works within a cooperative group?

6. How motivated is this student to learn and overcome obstacles?

Please check the appropriate ratings below.

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Attention Span	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Occasionally Distracted	<input type="checkbox"/> Usually Good	<input type="checkbox"/> Exceptionally Good
Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Creativity & Originality	<input type="checkbox"/> Tends to Follow	<input type="checkbox"/> Occasional Spark	<input type="checkbox"/> Independent Ideas	<input type="checkbox"/> Very Original
Independent Work Habits	<input type="checkbox"/> Needs Much Supervision	<input type="checkbox"/> Needs Help Frequently	<input type="checkbox"/> Needs Help Occasionally	<input type="checkbox"/> Always Works Well
Use of Time	<input type="checkbox"/> Uses Poorly	<input type="checkbox"/> Occasionally Wasted	<input type="checkbox"/> Usually Uses Well	<input type="checkbox"/> Uses Effectively
Follows Directions	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Effort & Perseverance	<input type="checkbox"/> Does Little	<input type="checkbox"/> Some Desire	<input type="checkbox"/> Well-Motivated	<input type="checkbox"/> Highly Motivated
Intellectual Curiosity	<input type="checkbox"/> Limited	<input type="checkbox"/> Occasional Spark	<input type="checkbox"/> In One Area Only	<input type="checkbox"/> Strong and Varied

Please evaluate the applicant in the following areas.

ADDITION, SUBTRACTION, MULTIPLICATION AND DIVISION OF	performs below grade-level	performs consistent with grade level	performs above grade-level	not applicable
Whole Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squares & Square Roots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ratios & Proportions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Percent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving Equations/Inequalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphing Linear Equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the appropriate ratings below.

Integrity & Honesty	<input type="checkbox"/> Questionable	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Highly Developed
Consideration of Others	<input type="checkbox"/> Rarely Considerate	<input type="checkbox"/> Usually Considerate	<input type="checkbox"/> Always Considerate	<input type="checkbox"/> Unusually Thoughtful
Interaction with Peers	<input type="checkbox"/> Relates Poorly	<input type="checkbox"/> Occasional Problems	<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Extremely Popular
Classroom Conduct	<input type="checkbox"/> Frequent Disruptions	<input type="checkbox"/> Occasional Misconduct	<input type="checkbox"/> Usually Good Behavior	<input type="checkbox"/> Good Conduct
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Emotional Stability	<input type="checkbox"/> Easily Frustrated	<input type="checkbox"/> Seeks Much Attention	<input type="checkbox"/> Comfortable in Class	<input type="checkbox"/> Very Stable
Self Confidence	<input type="checkbox"/> Needs Much Reassurance	<input type="checkbox"/> Needs Some Support	<input type="checkbox"/> Asserts Own Ideas	<input type="checkbox"/> Healthy Self-Esteem
Fulfills Responsibility	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Parent Cooperation	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding

Teacher's Signature _____ Date _____