

Pillsbury College Prep (PCP)

Application Forms **Handwritten forms will not be accepted.**
Please complete this application by typing your responses.

6th Grade through 12th Grade Students

1. Complete this Student Application via computer
2. Print and sign forms.
3. Scan completed/signed forms and either:
 - a) email to: info@PillsburyPrep.com OR
 - b) fax to: 727-939-8323
4. An informal phone interview and discussion will be arranged as soon as possible.
5. (Optional) On-site interview and visit.

Application Checklist

- Student Application
- Photograph
- Short Answer Questions
- Signed Unlimited Personal Release Agreement
- Transcript Release Form
- Parent/Guardian Evaluation
- PCP Policies Agreement
- PCP Holds Harmless Agreement
- Conduct and Discipline Agreement
- Dress Code Agreement
- General Permission Form
- Driving Policy (only for students age 18 or older)
- Standardized Tests (that you may have, that the school may not)
- Phone Interview (at some point in the process)
- Visit (optional)



315 South Grove Avenue
Owatonna, MN 55060
Phone: 507-214-2200
Fax: 727-939-8323
Pillsbury Prep.com
info@PillsburyPrep.com

STUDENT Information

Student's Name _____
First Name (Given Name) Middle Name Last Name (Family Name)

Applying to grade _____ for entrance in 20 _____ Boarding Male Female

Address _____

Home telephone _____ Student Cell _____ Email _____

Personal web space (e.g. blog, Facebook, etc.) _____

Birthplace: Country _____ State/Province _____ City _____ Zip _____

US Citizen Yes No
Citizenship _____

Date of Birth MM/DD/YYYY Student's Social Security Number _____

SCHOOL Information

Student's present school _____ School phone _____

School address _____

Current Residence School District: _____

Previous schools attended by Student

School _____ Dates _____

School _____ Dates _____



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FAMILY Information

Household 1: Parent(s)/Guardian(s) who live with Student

Married Separated Divorced Single Parent

Name _____ Spouse _____

Relation to Student _____ Relation to Student _____

Is an emergency contact

Is an emergency contact

Is financially responsible

Is financially responsible

Home Phone (____) _____ Home Phone (____) _____

Cell (____) _____ Cell (____) _____

Email _____ Email _____

Occupation _____ Occupation _____

Title _____ Title _____

Employer _____ Employer _____

Business Address _____ Business Address _____

Bus. Phone (____) _____ Bus. Phone (____) _____

Bus. Email _____ Bus. Email _____

Are you applying for financial assistance? Yes No

If yes, please state household annual income: _____



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Household 2, if applicable

Married Separated Divorced Single Parent

Name _____ Spouse _____

Home Address _____

Relation to Student _____ Relation to Student _____

Is an emergency contact

Is an emergency contact

Is financially responsible

Is financially responsible

Home Phone (____) _____ Home Phone (____) _____

Cell (____) _____ Cell (____) _____

Email _____ Email _____

Occupation _____ Occupation _____

Title _____ Title _____

Employer _____ Employer _____

Business Address _____ Business Address _____

Bus. Phone (____) _____ Bus. Phone (____) _____

Bus. Email _____ Bus. Email _____

Siblings

Please list Student's siblings and their grade levels.



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To be completed by the Student's Parent(s)/Guardian(s)

From what source did your family first learn about Pillsbury College Prep?

If you have worked with an educational consultant, please give name and information:

Firms Name (if applicable): _____

Last _____ First _____ phone _____

Address _____

email _____



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Short Answer Questions

Student, please complete the following sentences:

My main reason for considering this school is: _____

Leadership positions I have held include: _____

My involvement in sports, arts, and extracurricular activities include: _____

Community service and volunteer projects I have been involved with are: _____

Goals I would like to accomplish before graduation are: _____



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Unlimited Personal Release Agreement

Grant

For consideration which I acknowledge, I irrevocably grant to PCP and PCP's assigns, licensees, and successors the right to use my image and name in all forms and media including composite or modified representations for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

Release

I release PCP and PCP's assigns, licensees, and successors from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. PCP is permitted, although not obligated, to include my name as a credit in connection with the image.

PCP is not obligated to utilize any of the rights granted in this Agreement.

Parent/Guardian Consent: I, the below signed, am the parent or guardian of the minor, the Student of this application. I have the legal right to consent, and do consent, to the terms and conditions of this release.

Signatures

Please sign below, confirming that you have read, completed and understand the application. The completed and signed application may be scanned and emailed to info@PillsburyPrep.com or faxed to 727-939-8323.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Witness's Signature _____ Date _____

(for the Unlimited Personal Release Agreement above)

Policy of racial non-discrimination:

PCP admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all students at PCP. PCP does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarships, or athletic and other school-directed programs.



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Transcript Release Form

Confidential Recommendation Form

TO THE PARENT/GUARDIAN To complete your child's application, it is necessary that we receive a copy of his/her official school transcript. In order to facilitate this process, we request that you sign the release statement below. Please present this page to your child's principal, head of school, or advisor.

Student's Name _____

I hereby authorize that my child's school transcript records and any relevant standardized test results be released to PCP, 315 South Grove Avenue, Suite 1, Owatonna, MN 55060.

Parent's signature _____ Date _____

TO THE SCHOOL The student listed above is a Student for admission to Pillsbury College Prep. To complete his/her application we require a complete, official transcript of his/her grades and standardized testing from 6th grade to present.

Thank you for your cooperation.



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Parent/Guardian Evaluation

Confidential Recommendation Form

Student's Name: First _____ Middle _____ Last _____

The search for a new school was initiated by:

- the Student
- the Parent
- other (please explain)

What initiated the search for a new school?

Please explain why you are (and/or your child is) interested in PCP.

Please describe your child's academic strengths and weaknesses.

Please describe your child's relationships with his or her peers.

What are your goals for your child?

Please describe your child's relationship with his or her family.



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Parent/Guardian Evaluation (con't.)

What are you child's particular interests and talents?

Are there aspects of your child's personal, physical, or emotional life which you would like to see strengthened during his or her school experience?

Has your child ever had an education evaluation?
 yes no

Has your child ever received counseling?
 yes no

If you checked yes to either question, please explain the circumstances. Though sensitive, this information deserves your candor so that we may better serve your child.

Number of days absent from school during the most recent school year:

0 – 5

6-10

11-15

16-20

21+

Has your child ever been suspended/expelled from school?
 Yes No

Is your child in the process of being suspended/expelled from school?
 Yes No

Parents' Special Interests:

Parents' Clubs/Organizations

Is there any other information that you wish to have considered by PCP?

Parent/Guardian Signature _____ Date _____

Relationship to Student _____



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PCP Policies Agreement

The parent/guardian represents that he/she has full authority to enroll the student and to authorize participation in all activities at PCP. This agreement constitutes the full understanding of the parties and cannot be modified except in writing signed by the parties. PCP is appointed to serve in loco parents.

The tuition fee should cover all school expenses barring extraordinary personal expenditures. No semester tuition refunds/reductions/allowances for the student's late arrival/early withdrawal/non arrival/dismissal for cause will be given. If it is necessary to obtain off site medical or dental services for the student, the parent shall pay such expenses.

PCP is not responsible for damage/loss/safety of clothing, electronic equipment/effects such as, and including, musical instruments, iPads and cell phones that students use during their PCP stay.

The student and his/her parents agree to abide by the PCP rules and regulations for the health/safety/welfare of the student and PCP community.

Smoking, possession of, or in the presence of, or use of tobacco/narcotics/liquor/or other intoxicant or non-prescription drug on/off the PCP grounds is expressly forbidden. Violations of these rules or other reasonable regulations will result in dismissal from PCP without tuition rebate.

PCP reserves the right to dismiss any student whose conduct is unsatisfactory or inimical to the student's interest without tuition refund for the semester.

The parent/guardian agrees that any dispute concerning, relating, arising out of, or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in Steele County Minnesota USA, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of the state. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionableness, or formation of this contract, including, but not limited to, any claim that all or any part of this contract is void or violable.

Medical Release

Authority is granted without limitation to PCP in all medical matters to hospitalize/treat/order injection/anesthesia/surgery for the student. The parent is responsible for all pre-existing medical conditions, out of PCP medical/surgical/hospital/pharmaceutical/dental and for providing adequate quantities of necessary medications in a pharmacy container with doctor's instructions.

I have read and understand the PCP Policies.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



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PCP Holds Harmless Agreement

The parent/guardian represents that he/she has full authority to enroll the above listed student and to authorize participation in all after school activities. I understand and certify that my child’s participation in Pillsbury College Prep and its activities (on or off-site) is completely voluntary and I have familiarized myself with the school’s programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the Pillsbury College Prep programs particularly, but not limited to horseback riding, lake and pool swimming, water-skiing, wakeboarding and all other water sports/recreation, rock climbing, hiking on mountain trails, cycling on trails and public roads, land and water sports, athletic competition including bodily contact and contact with equipment and balls, ice hockey, ice skating, soccer, flying trapeze and circus acts, basketball, archery, skateboarding roller blading, use of power tools and equipment in certain creative arts activities, any and all activities offered by Pillsbury College Prep, and travel in school-owned and leased vehicles.

I acknowledge that, although Pillsbury College Prep has taken safety measures to minimize the risk of injury to school participants, the school cannot ensure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents or injuries. I recognize these risks and hereby assume these risks and agree to hold harmless and hereby release Pillsbury College Prep, its directors, owners, agents, and employees from all liability for loss, damage, injury, or illness to the student, student’s property related to his/her participation in the program. Furthermore, I have instructed my child in the importance of knowing and abiding by Pillsbury College Prep rules, regulations and procedures for the safety of all participants, the requirement that students attend activities and remain supervised at all times and my child has agreed to do so. I am also in agreement. Student may use hazardous equipment, may participate in any activity/trip including organized by Pillsbury College Prep staff on/off school grounds and may travel, when deemed necessary by the Pillsbury College Prep via the public carrier.

Students may not leave school grounds without the direct permission of the Pillsbury College Prep Director. By its very nature Pillsbury College Prep is situated on terrain that may include undulations, tree roots, rocks and other characteristics that make mobility more difficult. We therefore strongly suggest that all students and guests take extra care when walking across our campus. We also suggest that sturdy walking shoes be worn, and that no sandals or flip flops be worn when attending or visiting Pillsbury College Prep. Failure to follow these instructions will increase the risk of injury. In addition, there are certain unavoidable risks associated with various games and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in Steele County, Minnesota USA, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of the state. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

We have read and understand the PCP Policies.

Student’s signature _____ Date _____

Parent/Guardian’s Signature _____ Date _____



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Conduct and Discipline Agreement

Students are expected to conduct themselves appropriately at all times. Respect and obedience to faculty, staff, fellow students, community, and visitors are the foundation of the disciplinary code. Courteous behavior and polite manners are expected. Cheerful compliance with regulations is secured, when needed, with counseling. However, in cases where cooperation cannot be otherwise achieved, or in flagrant violation of PCP's policies, a student may be suspended from school by the director. Rebellious behavior, lack of respect for authority or for adults, or for a student's peers will not be tolerated. Expulsion from PCP may be the final action the director and administrators take, and in some cases it may be the first. Off-campus behavior will always be taken into account regarding the student's conduct and behavior. Should a student who has been expelled seek to be readmitted to PCP at a later date, the administration will make a decision based on the student's attitude and circumstances at the time of reapplication.

Smoking, possession of, or in the presence of, or use of tobacco/narcotics/liquor/or other intoxicant or non-prescription drug on/off the PCP grounds is expressly forbidden. Violations of these rules or other reasonable regulations will result in dismissal from PCP without tuition rebate.

Teachers maintain high standards of student behavior that are conducive to learning and consistent with school policies. The teacher's responsibility and authority extend to classroom and non-classroom activities and may include any student in the school. The director and teachers explain classroom and school standards at the beginning of the year and as needed.

PCP believes that each student should overtly demonstrate self-discipline and responsibility through: 1. Cheerful and respectful obedience to authority (even when the authority figure is not present); 2. Responsibility in doing assigned and expected tasks; 3. Cooperation with others; 4. Courtesy and good manners; 5. Cleanliness in person and property; 6. Truthfulness; 7. Respect for the property of the school and other people; 8. Promptness in attendance and assignments; and 9. Appropriateness of language, music, and social relationships.

I have read and understand the Conduct and Discipline rules.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Dress Code Agreement

PCP's dress code simply states that daily dress should be neat, in good repair and in good taste. Ripped or torn clothing, baggy, ill-fitting or dirty clothes, see-through clothing, shorts and mini-skirts more than 7 inches above the knee, clothing that shows disrespect, are not appropriate for school. For both boys and girls, tops must meet bottoms at all times. Offensive T-shirts, and halter-tops are not acceptable. Footwear is required. Modesty, neatness and personal hygiene are encouraged at all times. Makeup and accessories should be non-distracting, not drawing undue attention to the individual. No hats or caps are to be worn inside any building. The administration remains the final authority on the acceptability of the student's dress.

I have read and understand the Uniform/Dress Code.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



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General Permission Form

Date _____

Name of Student _____
First Middle Last

Birthdate _____ Birthplace City: _____ Birthplace State: _____

Social Security Number _____ Male Female
MM/DD/YYYY

Travel Permissions

I understand that my signature grants permission to travel by school vehicle, private vehicle, or public transportation in or out of state. All permissions are subject to regulations of Pillsbury College Prep. These may include, but are not limited to the following:

- To go home at scheduled times or because of expulsion.
- To attend off-campus educational, athletic, social, or religious functions, of whatever duration that Pillsbury College attends.
- To shop, visit, attend entertainment, etc. with staff and students.
- To visit the homes of relatives or family friends for a weekend or other appropriate time. These must be listed on the "Authorization for Student Sign-Out Form."
- To visit other students' homes for a weekend or other appropriate time. These must have permission form the parent/guardian.

Medical Insurance

Medical Insurance Company Name _____

Policy Number _____ Group Number _____

Address _____

Name of Policy Holder _____

Name of Employer _____

Address of Employer _____ Business Phone of Employer(_____) _____

Name of Physician or Clinic Student sees while at home: _____ Phone:_(_____) _____

Date of last physical examination (past 12 months): _____

Preferred Hospital: _____

Name of Dentist while at home: _____ Phone:_(_____) _____

Date of last exam/dental work (past year): _____

__ INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD.

__ INCLUDE A COPY OF A CURRENT IMMUNIZATION CERTIFICATE FROM A DOCTOR'S OFFICE OR STATE HEALTH DEPARTMENT

THIS PERMISSION FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH YEAR.



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General Permission Form (con't.)

Medications:

List all medications, prescription and over the counter, currently taken by the student and the schedule for dispensing. Please list drug name, condition necessary for taking drug and dosage & frequency. Any variation of prescription instructions **must be in writing** from prescribing physician. Does your child take any prescription medication? yes no

If yes, please list here: _____

Health Statement

If my child needs the following, I authorize school personnel to administer (check all that apply)

Acetaminophen (Tylenol) ___ Yes ___ No Ibuprofen (Advil/Motrin) ___ Yes ___ No

Administration of "over the counter" medication will be at the discretion of the appointed personnel, consistent with the recommended does for age as defined on package guidelines.

Is the student diabetic? ___ Yes ___ No If Yes, is the student insulin-dependent? ___ Yes ___ No

Special Instructions _____

List all allergies (including food, medicines, vaccines, environmental, etc.): ___ None OR

You are required to provide items necessary for emergency care, such as an inhaler or epi-pen.

Special instructions if exposed to allergen: _____

List any serious illness, surgery, or injury of this past year: _____

List any other medical problems (Include details on a separate sheet if necessary): _____

Does the child currently wear: ___ Glasses ___ Contact Lenses ___ Both ___ Neither

If you cannot be contacted in an emergency, please designate who to contact next:

Emergency Contact Name Emergency Contact Phone # Cell Phone # Relationship

Medical Release

In the event that my child needs to receive medical attention (including emergency, surgical, hospitalization, prescriptions, etc.) I authorize that he/she be given the attention needed and that the bill be sent to me. I also accept the privacy practice established and provided by the health care facility. ___ Yes, I agree to the above

PRINT/TYPE Parent/Guardian's Name

Parent/Guardian's SIGNATURE

Parent/Guardian Address

Parent/Guardian Phone #

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Driving Policy

Boarders who have current driving licenses and who have completed the relevant paperwork, including parental approval, may apply for permission from Pillsbury College Prep to drive and maintain a motor vehicle on campus. We do not encourage our boarders to have a car unless they are 18 years of age or older and need transportation for employment purposes.

Permission will be granted on the condition that:

- 1) The student provides the registration number and make of the car they are driving.
- 2) The vehicle is registered, mechanically safe and fitted with seat belts.
- 3) Seat belts must be worn and speed limits observed at all times.
- 4) A written authority has been obtained from parents/guardians.
- 5) Students do not use their cars to leave the school property without approved leave from Pillsbury College Prep.
- 6) Keys must be handed in to Pillsbury College Prep when not in use.
- 7) Understand the school does not accept responsibility for any loss or damage to vehicles.
- 8) Understand that a ride cannot be given to any other student unless parental consents, in writing from both the parents of the passenger and of the driver, are obtained and presented to the school.
- 9) Understand that any breach of these rules or of normal traffic regulations, or any use of the vehicle which is considered by staff to be dangerous or ostentatious will result in the immediate withdrawal of permission to drive.

Any breaches to this agreement may result in the student concerned being denied permission to drive.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____