



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 email to: info@PillsburyPrep.com
4. An informal phone interview and discussion will be arranged as soon as possible.

Application Checklist

- Student/School Information
- Copy of School Transcript
- Photograph
- Copy of Passport (Information page)
- Family Information
- Parent/Guardian Questions
- Transcript Release Form
- PCP Policies Agreement
- Medical Information
- Front and Back of Medical Insurance Card
- Copy of Current Immunization Certificate from Doctors Office or Health Department



315 South Grove Avenue
Owatonna, MN 55060
Phone: 507-214-2200
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 (Month/Year) _____ Gender Male Female

If permanent address is in the United States, please complete this section:

U.S. Street Address _____

City _____ State _____ Zip Code _____

If permanent address is outside of the United States, please complete this section:

International Street Address: _____

Postal Code, City/Town/Locality _____

Country: _____

Home telephone _____ Student Cell _____ Student Email _____

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

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

US Citizen Yes No

If not a US, Citizen, What is your Citizenship? _____

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

SCHOOL Information

Student's present school _____ School phone _____

School address _____

Current Residence School District: _____

Previous schools attended by Student

School _____ Dates _____

School _____ Dates _____

PLEASE ATTACH A COPY OF YOUR SCHOOL TRANSCRIPT TO THIS APPLICATION



FAMILY Information

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

Married	Separated	Divorced	Single Parent
Parent 1 Name _____			Spouse 1 Name _____
Parent 1 Relation to Student _____			Spouse 1 Relation to Student _____
Is an emergency contact _____			Is an emergency contact _____
Is financially responsible _____			Is financially responsible _____
Parent 1 Home Phone _____			Spouse 1 Home Phone _____
Parent 1 Cell _____			Spouse 1 Cell _____
Parent 1 Email _____			Spouse 1 Email _____
Parent 1 Occupation _____			Spouse 1 Occupation _____
Parent 1 Title _____			Spouse 1 Title _____
Parent 1 Employer _____			Spouse 1 Employer _____
Parent 1 Bus. Phone _____			Spouse 1 Bus. Phone _____

Please state household 1 annual income: _____

List siblings and grade level:

Sibling 1 Name _____	Sibling 1 Grade Level _____
Sibling 2 Name _____	Sibling 2 Grade Level _____
Sibling 3 Name _____	Sibling 3 Grade Level _____

Household 2 (if applicable): Parent(s)/Guardian(s) who live with Student

Married	Separated	Divorced	Single Parent
Name _____			Spouse _____
Parent 2 Name _____			Spouse 2 Name _____
Parent 2 Relation to Student _____			Spouse 2 Relation to Student _____
Is an emergency contact _____			Is an emergency contact _____
Is financially responsible _____			Is financially responsible _____
Parent 2 Home Phone _____			Spouse 2 Home Phone _____
Parent 2 Cell _____			Spouse 2 Cell _____
Parent 2 Email _____			Spouse 2 Email _____
Parent 2 Occupation _____			Spouse 2 Occupation _____
Parent 2 Title _____			Spouse 2 Title _____
Parent 2 Employer _____			Spouse 2 Employer _____
Parent 2 Bus. Phone _____			Spouse 2 Bus. Phone _____

Please state household 2 annual income: _____



Parent/Guardian Questions

The search for a new school was initiated by:

What initiated the search for a new school?

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

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.

What are your child's particular interests and talents?

Please list your child's involvement in sports, arts, extracurricular activities, community service, volunteer projects, and or church projects .

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?

Has your child ever received counseling?

If you checked yes to either of these questions, 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:

Has your child ever been suspended/expelled from school?

Is your child in the process of being suspended/expelled from school?

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



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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 _____
First Name (Given Name) Middle Name Last Name (Family Name)

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

Parents Full Name: _____

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.



PCP Policy Agreements

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

(By checking each item below, you attest that you have read, understand and agree to all statements marked)

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 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.

I understand that 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.

I understand that 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. Co-operation 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 irrevocably grant to PCP and PCP's assigns, licensees, and successors the right to use my child's 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 child's image used for publication or the written copy that may be used in connection with the images.

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 child's name as a credit in connection with the image.



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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.

I acknowledge understanding that 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.

I acknowledge 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, or see-through clothing is not appropriate. Clothing that is revealing of body parts or undergarments is not acceptable. Dresses shorts and mini-skirts need to be at pinky finger tip length, 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. No face piercings. The administration remains the final authority on the acceptability of the student's dress.

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 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 that 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.

I understand that my signature grants travel permissions that may include, but are not limited to the following: 1) going home at scheduled times or because of expulsion; 2) traveling by school vehicle, private vehicle, or public transportation in or out of state; 3) attending off-campus educational, athletic, social, or religious functions, of whatever duration that Pillsbury College attends; 4) shopping, visiting, attending entertainment, etc. with staff and students; 5) visiting the homes of relatives, family, friends or other students' homes for a weekend or other appropriate time. Permission for these visits must be sent to school via email by the parent or guardian.

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, agreed to, and understand the PCP Policies.

Student's signature _____ Date _____

Please type Parents Name:

Parent/Guardian's Signature _____ Date _____



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Medical

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

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?
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) _____ Ibuprofen (Advil/Motrin) _____

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. I agree to allow personel to administer over the counter medication as needed.

Is the student diabetic? _____ If Yes, is the student insulin-dependent? _____

List all allergies (including food, medicines, vaccines, environmental, etc.) IF NO ALLERGIES, PLEASE STATE "NONE":

Special instructions if exposed to allergen:

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

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:

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. 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 also accept the privacy practice established and provided by the health care facility. Yes, I agree to the above

PRINT Parent Guardian's Name

Parent/Guardian's SIGNATURE

Parent/Guardian Address

Parent/Guardian Phone #

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