

Height: _____ ft. _____ in. Weight: _____ lbs.

General health during childhood: Excellent _____ Good _____ Fair _____ Poor _____

Have you ever lived with anyone known to have TB? _____ If so, when? _____

Check each illness that you have had indicating the year.

Year	Year	Year
_____ Measles	_____ Rheumatic fever	_____ Hay fever
_____ German Measles (rubella)	_____ Tuberculosis	_____ Strep throat
_____ Mumps	_____ Heart trouble	_____ Infectious mononucleosis
_____ Scarlet fever	_____ Tonsillitis	_____ Bronchitis
_____ Chickenpox	_____ Epilepsy	_____ Hearing problems
_____ Poliomyelitis	_____ Nervous Breakdown	_____ Hepatitis or jaundice
_____ Asthma	_____ Discharging ear	_____ Hernia

Comments on illnesses checked above: _____

Name any other illness and give year: _____

Surgical operations: Tonsillectomy _____ Appendectomy _____ Other _____

Injuries: _____ How _____ Year _____

Do you have frequent colds? _____ Do you smoke? _____ Heavy _____ Moderate _____ Little _____

Do you have a chronic cough? _____ Sinus Trouble? _____ Sore throat? _____

Are you subject to headaches? _____ How frequently? _____

Do you wear glasses? _____ Date of last eye examination _____

Date of last dental examination _____

Have you ever "blacked out" or had fainting spells? _____

Do you take any medicine regularly? _____ If so, what for? _____

Do you have menstrual difficulties? _____ If so, what? _____

Are you allergic to any drugs, food, etc.? _____ If so, what? _____

Is there anything in your physical or mental or emotional condition to limit your college activities? _____

Describe the disease or handicap _____

We hereby authorize immunizations and treatments that are deemed necessary while the above named student is attending Hillsdale College. We also consent to emergency treatment by a licensed physician at an approved medical facility with use of such anesthesia and medical or surgical procedures as may be deemed necessary for care. We understand that in case of a serious illness or accident, we will be notified.

Signature _____ Address _____

Relationship to Student _____ Telephone _____

Date _____ Witness _____

INSURANCE INFORMATION

Students are urged to be sure of their insurance coverage and what types of benefits it affords. Carry a card with these numbers and information.

Insured's name (parent) _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Blue Cross/Blue Shield _____

Group Contract Service Code Other

Other Insurance _____ Address _____

(Group Name) Group Number

Place of Business or employment (Parent) _____

Address _____

HILLSDALE COLLEGE

Please return this form to the Director of Admissions
Hillsdale College, Hillsdale, Michigan 49242

This form must be filed by all students, whether or not they will be residing in college housing units.

The deposit of \$200.00, to be credited to the student's account, assures each person a dormitory reservation where applicable. Reservations are determined by date of deposit.

All Students, except those who are married or living with relatives in the area, must live in college residences if space permits. Please refer to the Hillsdale College catalogue for additional guidelines.

PLEASE ENCLOSE ONE RECENT SNAPSHOT OR SMALL PHOTOGRAPH. THIS PICTURE IS MANDATORY FOR COMPLETING YOUR ENROLLMENT PROCESS.

Name _____ Date _____
Social Security Number _____
Address _____ Home Telephone _____
Street City State and ZIP Code
Name of Father _____ Occupation _____
Address of Father _____ Business Telephone _____
Name of Mother _____ Occupation _____
Address of Mother _____ Business Telephone _____
Birthplace of Parents: Father _____ Mother _____
Education of Parents:
Father: High School _____ Graduated: Yes ___ No ___ College Name _____ Degree: Yes ___ No ___
Mother: High School _____ Graduated: Yes ___ No ___ College Name _____ Degree: Yes ___ No ___

Birthplace _____ Birth Date _____ Height _____ Weight _____ Veteran _____
(month) (day) (year)

Church Preference _____

Do you smoke? _____ Would you mind if your roommate does? _____

Secondary School attended _____ Date of graduation _____

Scholastic rank in secondary school: Upper third _____ Middle third _____ Lower third _____

Other Colleges attended _____ Dates _____

Favorite subjects _____

Future vocational aim _____

College program intended (majors and minors) _____

Organizations to which you belong _____

Extra-curricular activities in secondary school _____

Interests and Hobbies _____

Work experiences _____

Foreign countries visited _____

Roommate desired (Description or name) _____ Dormitory Preference _____

IF TRANSFERRING FROM ANOTHER INSTITUTION:

Did you participate in rushing? _____ Were you pledged? _____ When? _____

Date of initiation _____

INTERNATIONAL/OUT OF STATE STUDENTS:

IT IS IMPORTANT that international and out of state students take note of the following requirement of the College in order to eliminate future anxieties.

All students must plan to provide for their room and board during the regular vacation time and between semesters. The College does not provide facilities for housing and board during this period. An additional sum of money should be allotted specifically for this purpose.

(DO NOT WRITE BELOW THIS LINE)

Date of enrollment deposit _____ Assignment: Room _____ Dormitory _____