



Hope Academy Upper School

Dear Applicant and Parents:

In order for your application to be processed, please complete the following items. Your file will not be processed until all of the required documents are received and completed:

- Application for Admission to Hope Academy Upper School

- Request for Student Records form has been signed and submitted to the applicant's current school asking for the following records:
 1. Copies of the applicant's report cards from previous two school years
 2. Copies of standardized test scores
 3. Copy of health and immunization records

- Three (3) Recommendation Letters, one from each of the following persons:
 - Teacher Evaluation in current grade Language Arts
 - Teacher Evaluation in current grade Math
 - Community Leader Evaluation

- A **\$25 non-refundable application fee** (make checks out to "Hope Academy")

Have all completed forms sent to:

Upper School Admission
Hope Academy
2300 Chicago Avenue South
Minneapolis, MN 55404

If you have any questions about Hope Academy Upper School and the admissions process, please call Lisa CasaDeCalvo, Director of Admission, 612-721-6294 x103 or e-mail her at lcasacalvo@hopeschool.org.

NOTICE OF NONDISCRIMINATORY POLICY FOR STUDENTS

Hope Academy does not discriminate in admissions, educational programs, or other activities on the basis of sex, race, color, or national origin.

Attach a recent student photo



Office of Admission
UPPER SCHOOL (grades 6-12) APPLICATION

THIS PORTION (PAGES 1-2) TO BE COMPLETED BY A PARENT/GUARDIAN:

Grade Entering: 6th-7th-8th-9th-10th-11th-12th Season: Fall/Winter/Spring (circle one) of 20__ (e.g. 2010)

Applicant's Name _____ Nickname _____

Birth Date ___/___/___ Birth Place _____ Gender: Male ___ Female ___

Ethnicity: Hispanic/Latino African-American Caucasian Native American
 Multiracial Asian Other

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail Address _____

With whom does the applicant live? _____

Current School Name and Address:

School _____ City, State, Zip code _____ Phone Number _____

Other schools attended in the last four years:

School _____ City, State, Zip code _____ Phone Number _____

No. of Dependents: _____ Estimated Household Annual Income: _____

(Note: As part of our mission, we give priority in admission to families w/ demonstrated financial need. If your child is admitted, however, your "family share" tuition will be determined at a New Family Interview.)

Mother

Full Name: Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Profession _____ Employer _____

Work Phone (_____) _____

Hobbies/Interests/Expertise: _____

I give permission for this information to be published in the Family Directory.

Father

Full Name: Mr./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Profession _____ Employer _____

Work Phone (_____) _____

Hobbies/Interests/Expertise: _____

I give permission for this information to be published in the Family Directory.

Parents are:

____ Married ____ Separated ____ Divorced ____ Single Parent
____ Mother Deceased ____ Father Deceased ____ Mother Remarried ____ Father Remarried

Other Guardian (what is your relationship to student? _____)

Full Name: Mr./Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip _____

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

Email Address _____

Profession _____ Employer _____

Work Phone (____) _____

Hobbies/Interests/Expertise _____

I give permission for this information to be published in the Family Directory.

OTHER INFORMATION

Does your family attend church? yes no

(If 'yes') Church Name _____

Denomination _____ Are you a member? _____

Address _____

City _____ State _____ Zip _____

Pastor/Youth Pastor _____

Has the applicant been diagnosed with a psychiatric disorder? yes no

Has the applicant been diagnosed with a learning disability? yes no

Has the applicant been diagnosed with an emotional and behavioral disorder? yes no

Does the applicant have an Individual Education Plan (IEP)? yes no

Does the applicant have any other significant health concerns? yes no

Has your child ever been asked to skip or repeat a grade, or to withdraw from school? yes no

If you answered 'yes' to any of the questions above, please explain here:

What character traits do you most hope to see develop in your child during their time at Hope?

Explain your reasons for wanting your child to attend Hope Academy.

THIS PORTION TO BE COMPLETED BY STUDENT:

Please write answers to the following questions in the space provided:

1. Discuss why you want to attend Hope Academy's Upper School: _____

2. Describe your hopes for your future:

3. At Hope Academy, we ask students to embrace the HOPE values (**honor, optimism, perseverance, and excellence**). Pick two of these values and explain their importance to you.

4. What will it mean to you to attend a school dedicated to training students in the way of Jesus Christ?

5. Is there someone in your life that you consider to be a mentor (an older, mature person that you admire and spend time with)? Describe your relationship with that person.

6. How much homework have you been accustomed to doing each night? _____. At Hope Academy, a challenging curriculum will call for 1-1 ½ hours of homework per night, and possibly more in the High School grades. What steps will you take to succeed in this?

7. What activities do you like to pursue during your free time?

8. What extracurricular activities would you enjoy pursue while attending Hope Academy's Upper School?

As parents/guardians, we understand that in making application we are willing to have our child trained in accordance with the Christ-centered mission of Hope Academy. I also understand that:

- A. My student will go on scheduled field trips and other school activities.
- B. The administration and teachers will use wise discretion in the correction and discipline of my child as set forth in the Scriptures.
- C. The administration has full responsibility for placing my student in the proper grade.
- D. My cooperation is expected in (a) the regular payment of tuition (b) At least 10 volunteer hours each year.
- E. Hope Academy is a private school: attendance is a privilege and not a right. Hope Academy reserves the right to require the withdrawal of a student at any time if such action is deemed necessary.

(One signature is necessary, two are preferred)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

As a student, I will work to achieve my full potential academically, will joyfully be trained in the discipline and instruction of the Lord, and will honor and obey the teachers and staff of Hope Academy.

Applicant's Signature _____ Date _____

Please send this form to the following address with your nonrefundable \$25 application fee.

Admissions Office
Hope Academy Upper School
2300 Chicago Avenue South
Minneapolis, MN 55404

For office use only:
Date of receipt of application and fee: _____ Check # _____



REQUEST FOR STUDENT RECORDS

Dear Parent or Guardian,

Please sign this consent form and submit it to your son's or daughter's current school as soon as possible so they will have enough time to process it.

I hereby grant permission for _____ (Name of Current School)

to forward the following information of _____ (Name of Student)

- Transcripts/reports from two previous school years, or year student attended:
Standardized test scores from two previous grades (e.g., NALT, CALT, SAT, MCA)
Health and Immunization records

School Officials: Please send or fax the above records to:

Office of Admissions
Hope Academy
2300 Chicago Avenue South
Minneapolis, MN 55404
Fax number: 612-722-9048

Signed,

Signature of Parent or Legal Guardian Date

Printed Name of Parent or Legal Guardian Date



LANGUAGE ARTS TEACHER RECOMMENDATION

Student Applicant's Name (Please Print)

School Name

If you feel that you do not know the applicant well enough, please give this form to another staff member who may be better acquainted with the student. Please return this form to:

Lisa CasaDeCalvo, Director of Admissions, Hope Academy, 2300 Chicago Avenue South, Minneapolis, MN 55404

NOTE: Your responses below will be kept confidential and will not become part of this student's permanent records. At no time will the applicant have access to it.

STUDENT APPLICANT RATING:

- Leadership: [] does not seek leadership roles [] leads when given responsibility [] seeks opportunities (uses them well) [] natural leader
Classroom conduct: [] very disruptive [] disruptive [] average [] role model
Integrity: [] questionable [] usually trustworthy [] trustworthy
Academic achievement: [] below expectations [] average [] good [] outstanding
Critical thinking: [] very low [] fair [] good [] outstanding
Study habits: [] very low [] fair [] good [] outstanding

Academically: (check one)

- [] I strongly recommend [] I recommend [] I recommend with reservations [] I do not recommend (explain below)

Personally: (check one)

- [] I strongly recommend [] I recommend [] I recommend with reservations [] I do not recommend (explain below)

Please give any additional information that you think should influence our decision (use back side if necessary):

Four horizontal lines for providing additional information.

Current Language Arts Teacher's Name (printed):

Signature

Date

Please mail this completed recommendation to the address listed above. For further information or assistance, you can call the Admissions Office of Hope Academy at 612-721-6294.



MATH TEACHER RECOMMENDATION

Student Applicant's Name (Please Print)

Grade Entering

School Name

If you feel that you do not know the applicant well enough, please give this form to another staff member who may be better acquainted with the student. Please return this form to:

Lisa CasaDeCalvo, Director of Admissions, Hope Academy, 2300 Chicago Avenue South, Minneapolis, MN 55404

NOTE: Your responses below will be kept confidential and will not become part of this student's permanent records. At no time will the applicant have access to it.

STUDENT APPLICANT RATING:

- Leadership: [] does not seek leadership roles [] leads when given responsibility [] seeks opportunities (uses them well) [] natural leader
Classroom conduct: [] very disruptive [] disruptive [] average [] role model
Integrity: [] questionable [] usually trustworthy [] trustworthy
Academic achievement: [] below expectations [] average [] good [] outstanding
Critical thinking: [] very low [] fair [] good [] outstanding
Study habits: [] very low [] fair [] good [] outstanding

Academically: (check one)

- [] I strongly recommend [] I recommend [] I recommend with reservations [] I do not recommend (explain below)

Personally: (check one)

- [] I strongly recommend [] I recommend [] I recommend with reservations [] I do not recommend (explain below)

Please give any additional information that you think should influence our decision (use back side if necessary):

Four horizontal lines for providing additional information.

Current Math Teacher's Name (printed): _____

Signature

Date

Please mail this completed recommendation to the address listed above. For further information or assistance, you can call the Admissions Office of Hope Academy at 612-721-6294.



COMMUNITY LEADER RECOMMENDATION

Student Applicant's Name (Please Print)

Grade Entering

Community Leader Name (not a family member)

What is your relationship to the applicant?

If you feel that you do not know the applicant well enough to evaluate him or her, please return it to the student and recommend that someone better acquainted with him or her be selected. If you have filled out this form, please return it to:

Lisa CasaDeCalvo, Director of Admissions, Hope Academy, 2300 Chicago Avenue South, Minneapolis, MN 55404

NOTE: Your responses below will be kept confidential and will not become part of this student's permanent records. At no time will the applicant have access to it.

STUDENT APPLICANT RATING:

- Leadership: does not seek leadership roles, leads when given responsibility, seeks opportunities (uses them well), natural leader
Social conduct: very disruptive, inappropriate, average, role model
Integrity: questionable, usually trustworthy, trustworthy
Academic achievement: below expectations, average, good, outstanding
Critical thinking: very low, fair, good, outstanding
Study habits: very low, fair, good, outstanding

Academically: (check one)

- I strongly recommend, I recommend, I recommend with reservations, I do not recommend (explain below)

Personally: (check one)

- I strongly recommend, I recommend, I recommend with reservations, I do not recommend (explain below)

Please give any additional information that you think should influence our decision (use back side if necessary):

Four horizontal lines for providing additional information.

Signature

Date

Please mail this completed recommendation to the address listed above. For further information or assistance, you can call the Admissions Office of Hope Academy at 612-721-6294.