



A REMARKABLE, GOD-CENTERED EDUCATION
FOR THE YOUTH OF THE CITY

Application for Admission (Grades K-5)

NOTE: In addition to submitting this application, we also require a **\$25 non-refundable application fee** (make checks out to “Hope Academy”). Admission of your student will depend on classroom openings, a one-on-one interview with a teacher to determine academic readiness, and other possible evaluations.

Student Information

Full Name (last, first, middle) _____ Gender _____

Ethnicity: __African-American/African __Caucasian __Hispanic __Native American __Other: _____

Nickname to be used at school _____ Date of Birth _____

Application for grade _____ starting _____
(grade) (month and year)

School Information and Background

School last attended _____ Grade _____

Has your child ever been retained or passed conditionally? _____ If yes, please explain further:

Does your child have any physical limitations or handicaps we should know about?

Does your child receive any special services? _____

Parent/Guardian Information

Parent/Guardian Names _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

E-mail Address _____

Please share the main reasons for wanting to enroll your child at Hope Academy:

No. of Dependents _____ Estimated 2010-2011 Household Income _____

(Note: This information will be used for planning purposes only. Our mission is primarily to serve lower-income families. If your student is accepted, you will participate in a New Family Interview where family tuition is determined.)

____ **Yes, I am attaching my \$25 non-refundable application fee.**

Signature of parent or guardian

Date

Hope Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational programs, admission policies, and financial aid.