



School Entry date: ____/____/____
Grade: _____
Teacher: _____ OFFICE ONLY

HOPE LEADERSHIP ACADEMY CHARTER SCHOOL ENROLLMENT FORM

Parent/Guardian to complete Sections I-VI. Please print legibly using black or blue pen.

I. STUDENT INFORMATION				
1. Student Last name (LEGAL NAME ONLY)	Student First name (LEGAL NAME ONLY)	Student Middle name	Suffix	Other name student uses.
2. Student date of birth: MM/DD/YY ____/____/____	3. Grade level:	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No 5a. Regardless of response to #5, select one or more of the race categories: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> AK Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander	
6. Student home language:			7. Student primary language:	
8. Complete residence address of student:			City, State:	ZIP + 4:
9. Are you currently residing: with a friend or relative, in a motel, hotel, car, trailer park, shelter or temporary housing because your home has been damaged or because of economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Student Allergies and medical conditions: <input type="checkbox"/> Food <input type="checkbox"/> Insect Bites <input type="checkbox"/> Asthma - Inhaler - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prescription Medication (provide info for school office)				
11. <input type="checkbox"/> If eligible, my child <u>will</u> ride the bus both AM & PM <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY	AM bus pick-up address - if other than student home address:		AM bus pick-up contact phone number: ()	
12. <input type="checkbox"/> My child will be parent pick up.	PM bus drop-off address - if other than student home address:		PM bus drop-off contact phone number: ()	
II. STUDENT INFORMATION - B				
13. Was student previously enrolled at Hope Leadership Academy? <input type="checkbox"/> Yes* <input type="checkbox"/> No			*If yes, last year attended _____	
14. Please list previous school or district: (If additional space is needed, please see the registrar.) School name: _____ Address: _____ City: _____ St _____ Zip _____ School phone number () _____ Date last attended: ____/____/____ Years Attended: _____				
15. Is student currently enrolled in ELL (English Language Learner)? <input type="checkbox"/> Yes <input type="checkbox"/> No			19. Has student participated in any other Special Education Services (Therapy - occupational, physical, Speech, DPT) <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Is a language other than English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			20. Does student have a current or past IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Has student ever repeated a grade? If yes, list grade _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Has student been promoted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list grade skipped _____	
18. Does student have a current 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
22. Has student been expelled from a public or private district? <input type="checkbox"/> Yes <input type="checkbox"/> No				
23. Has student been suspended from a public or private district? <input type="checkbox"/> Yes <input type="checkbox"/> No explain: _____				
24. Is there a custody or ex-parte court order in effect for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish a copy of the legal documentation to the school office.				
25. Is/Has parent/guardian or spouse of - been employed within the past (3) years in some form of temporary or seasonal agriculture work, such as: Planting or harvesting crops Feeding or processing poultry, beef, hogs <input type="checkbox"/> Yes <input type="checkbox"/> No Working on a dairy farm Transporting farm products to market				
III. PARENT/GUARDIAN PERMISSION				
Media Release - I give permission for my student to be observed, interviewed, photographed, and/or filmed when the principal has permitted a designated representative of the media to be on campus.				
Health Information - In case of serious accident or illness and the school is unable to contact me, I authorize the school to call the physician named below and follow his or her instructions. If it is not possible to contact the physician, the school may make whatever arrangements deemed necessary to help the child.				
Physicians Name: _____		Phone: _____	Hospital Preference: _____	
Records Release I authorize and request from my child's previous school(s) to furnish Hope Leadership Academy all academic, discipline, psychological, special services, attendance, standardized scores and all information pertinent to the educational program for my child. I verify that information provided on this form is accurate and that I am the legal parent/guardian of the student.				

The information provided in Sections I & II is true to the best of my knowledge

X

Parent/Guardian signature (required)

Date (required)

FOR OFFICE USE ONLY

Address/Boundary Information		
Home address verified: <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes: Date: ____/____/____ Address verification document: _____		
Birth verification basis: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Affidavit (3 required) _____		
Boundary exception: Transfer Type: <input type="checkbox"/> In-District <input type="checkbox"/> Out-of-District Reason: <input type="checkbox"/> NCLB School Choice <input type="checkbox"/> McKinney-Vento/Homeless		
Records Acquisition Information		
Records requested: Date: ____/____/____	From (In-district)	Received Date: ____/____/____
	From (Out-of-district)	Received Date: ____/____/____
Parent/guardian (see #27) provided copy of court order legal documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No		Received Date: ____/____/____

CONTINUE COMPLETING PARENT/GUARDIAN SECTIONS IV - VI ON REVERSE SIDE

IV. PRIMARY CONTACT INFORMATION			
	CONTACT 1 - PARENT/GUARDIAN		CONTACT 2 - OTHER PARENT/GUARDIAN/SPOUSE
Title (check one):	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Contact full name (last, first):			
Type of contact:	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Relationship to student:	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Rep <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____		Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____
Contact lives with student:	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, print complete residence address here: _____ (No. & Street name) (City, State, Zip + 4)		<input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, print complete residence address here: _____ _____ _____
Contact employer name:			
Contact home phone#:	()		()
Contact cell phone#:	()		()
Contact work phone#:	()		()
Contact primary language:			
Contact email address:			
Contact needs access to the following student records:	Primary Contact receives all of the following: <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (Parent Connect)		(Do <u>not</u> check boxes in this column if student lives w/both contacts, you will receive duplicates) <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (Parent Connect)
Report Card: Do you wish to receive at conference or send home with student?			
Active Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print: Rank: _____ Branch of Service: _____
Name of Federal Property / Military Installation			

Please provide additional contact information below. We will use this if we are unable to reach Primary Contact(s).

V. EMERGENCY CONTACT INFORMATION			
	CONTACT 3	CONTACT 4	CONTACT 5
Contact full name:			
Contact address (No. & Street name) (City, State, Zip + 4)			
Type of contact:	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Check only one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Relationship to Student:	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____	Check only one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Gmother <input type="checkbox"/> Gfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Court appt. guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Doctor <input type="checkbox"/> Family Friend <input type="checkbox"/> Host Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Agency Representative <input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other relationship _____
Contact home phone#:	()	()	()
Contact cell phone#:	()	()	()
Contact work phone#:	()	()	()
Contact needs access to the following student records:	Check <u>all</u> that apply: <input type="checkbox"/> Report Card Printed <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (Parent Connect)	Check <u>all</u> that apply: <input type="checkbox"/> Report Card Printed <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (Parent Connect)	Check <u>all</u> that apply: <input type="checkbox"/> Report Card Printed <input type="checkbox"/> Test Results <input type="checkbox"/> Behavior <input type="checkbox"/> Health <input type="checkbox"/> School Communications <input type="checkbox"/> Release Contact <input type="checkbox"/> Web Access (Parent Connect)

VI. SIBLING INFORMATION (ADDITIONAL SHEET AVAILABLE)

Complete this section only if applicable. Include only siblings who are currently enrolled in Grades K-12.

Sibling 1 full name:	Grade:	School name:
Sibling 2 full name:	Grade:	School name:
Sibling 3 full name:	Grade:	School name:

PLEASE ENSURE PARENT/GUARDIAN SIGNATURE IS PRESENT ON PAGE 1 SECTION II.