

STUDENT ENROLLMENT FORM 2012-13

Hope Leadership Academy



Current Grade: _____

Grade Applying For: _____

Date: _____

Student Information

Legal Name of Student: _____
Last Name First Name Middle Name

What first name does the student prefer to be called? _____ Gender: _____ Male _____ Female

Student's Date of Birth: _____/_____/_____
Month Day Year Student's Social Security Number: _____ - _____ - _____
(Social Security Number is not required)

Student's Address: _____
Street Address City State Zip Code

Telephone: _____
Home Cell Work

Name of Student's Current School: _____

Address of Current School: _____
Street Address City State Zip Code

Does the student receive any special education services in his or her current school? _____ Yes _____ No
(If special education services have been provided, please provide a recent copy of the IEP)

Race(Mark all that apply): _____ African American/Black _____ American Indian/Alaskan _____ Asian
_____ Caucasian/White _____ Hawaiian/Pacific Islander _____ Hispanic

Is the child's first language other than English? _____ Yes _____ No If yes, what language? _____

What language is primarily spoken in the home? _____

Has either parent/guardian or the parent's spouse been employed within the past three years or currently employed in some form of temporary or seasonal agriculture work, such as:

Planting or harvesting crops Feeding or processing poultry, beef, hogs
Working on a dairy farm Transporting farm products to market _____ Yes _____ No

Are you currently residing in a motel, hotel, car, or at a campsite because your home has been damaged or because of economic hardship reasons? _____ Yes _____ No

Are you currently residing in a shelter or living in a temporary housing arrangement due to economic hardship? _____ Yes _____ No

Are you sharing the housing of another person due to the loss of your housing because your home has been damaged or because of economic hardship reasons? _____ Yes _____ No

Does this student have a brother or sister who is also submitting an application to attend Hope Leadership Academy?

_____ Yes _____ No If yes, name of sibling(s): _____ Current Grade: __K__1__2__3

If yes, name of sibling(s): _____ Current Grade: __K__1__2__3

(Please Complete Both Side of Enrollment Form)

Please list any other children who reside with the enrolling student:

Last Name *First Name* *Age* *Current Grade and School*

Last Name *First Name* *Age* *Current Grade and School*

Last Name *First Name* *Age* *Current Grade and School*

Parent, Guardian, Contact Information

Is there a court order that restricts either parent from contact with the student or access to student records? ____ Yes ____ No

If yes, the office staff must receive a current court order on file in the office.

Mother's Name: _____ Phone 1 (Home/Cell): _____

Mother's Address: _____ Phone 2 (Work): _____

Mother's City: _____ State: _____ Zip Code: _____

Father's Name: _____ Phone 1 (Home/Cell): _____

Father's Address: _____ Phone 2 (Work): _____

Father's City: _____ State: _____ Zip Code: _____

Guardian/Step Parent's Name: _____ Phone 1 (Home/Cell): _____

Guardian/Step Parent's Address: _____ Phone 2 (Work): _____

Guardian/Step Parent's City: _____ State: _____ Zip Code: _____

Emergency Contact

If an emergency arises and I cannot be reached, contact the following. If necessary, these individuals may pick-up my child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health Information & Records Release

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.

Physician's Name: _____ Phone: _____ Hospital Preference: _____

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.

Parent/Guardian Signature

Date