



HOPE Academy
5900 REYNOLDS Road
MORROW, GA 30260
678-565-6294

FOR OFFICE USE ONLY:

Submission Date _____
 Enrollment Fee _____
 Documentation Received _____
 Placement Testing Completed _____
 Assigned to Grade Level _____
 File Completed _____

In order for this student application to be processed and considered for enrollment at HOPE Academy for this academic school year, the following documents must be submitted for the named student within ten (10) days. Should your student not be offered admission, and all documents have been submitted in a timely manner then your enrollment fee will be refunded in full.

Academic Transcript * Discipline Record * Standardized Test Scores

****Please Note: All Fees are non-refundable. Early Withdrawal prior to the end of the school year will result in a 2 month tuition penalty fee due at time of withdrawal.**

Student Information (Please Print)

Student's Legal Name: _____
 (Last) (First) (Middle) (Called)

Date of Birth: ___/___/___ Sex: Male Female

Race: (check one) American Indian/Alaskan Hispanic Pacific Islander/Asian
 Black White Multi-Racial

Current Address: _____
 (Street) (City) (Zip) (COUNTY)

Parent Information

(Check if natural parent or legal guardian- stepparents may be listed under *Authorized Contact Information*)

Natural Father Male Legal Guardian

Name: _____

Current Address: _____

Cell Phone: _____ Alternate Phone: _____

E-Mail: _____

Natural Mother Female Legal Guardian

Name: _____

Current Address: _____

Cell Phone: _____ Alternate Phone: _____

E-Mail: _____

Is there a custody order or protective order in place that would prevent us communicating with an adult in this student's life? If so, please list the names and provide documentation of the court order.

Academic History

Last School Attended: _____ County System: _____

Last Grade Completed: _____ Are you including a transcript from this school? Yes No

Has student ever participated in any of the following programs?

Special Education

IEP/Modified Curriculum

Speech Therapy

Gifted Education

Does your student deal with any of the following issues?
(If so, please provide a brief description in the space provided)

Known Learning Disabilities _____

Known Emotional Issues _____

Known Behavior Issues _____

Has your student ever been suspended or expelled from an individual school or school system?
(If so, please provide a brief explanation in the space provided)

Suspended _____

Expelled _____

N/A

I swear that and affirm that the following information I have given in this document is, to the best of my knowledge, true and accurate.

Parent / Guardian (Please Print)

Parent / Guardian Signature

Date