HOPE ACADEMY HIGH SCHOOL

APPLICATION FOR ENROLLMENT 2020-2021

Today's Date _____

All applications must be complete to be considered. Completion of this form does not guarantee enrollment at Hope Academy. Returning Student due date: May 15**, 2020.** Open Enrollment due date May 18**, 2020**. If the number of applications for enrollment exceeds the number of openings at Hope Academy, a lottery will be held on **May 20, 2020**.

Student Information

Applicant's Name _____ (First) _____ (Middle) _____ (Last)

Date of Birth _____ Age _____ ☐ Male ☐ Female Grade ☐ 9 ☐ 10 ☐ 11 ☐ 12

Applicant's Home Address

_____ (City) _____ (State) _____ (Zip Code)

Student Cell Phone Number | Student Email | Home Telephone Number

School District of Residence | Does student have an IEP or 504 Please circle one or the other if "yes"

Last School Attended | County of Residence

(this box for office use only)

Township of Residence | STN | Legal Corp #

Family Information

☐ Mr. ☐ Mrs. ☐ Ms. _____ (Parent/Guardian's Full Name) _____ (Relationship to Applicant)

Home Telephone, if different | Cell Phone | Work Telephone

Home Address, if different from Applicant | Email Address

☐ Mr. ☐ Mrs. ☐ Ms. _____ (Parent/Guardian's Full Name) _____ (Relationship to Applicant)

Home Telephone, if different | Cell Phone | Work Telephone

Home Address, if different from Applicant | Email Address

Student Lives With:

☐ Both Parents ☐ Mother ☐ Father ☐ Step-Father ☐ Step-Mother ☐ Grandparent ☐ Guardian ☐ Foster Parent ☐ On Own