



A REMARKABLE, GOD-CENTERED EDUCATION

LOWER SCHOOL APPLICATION (Grades K - 5)

PLEASE PRINT CLEARLY

Note: ALL incoming kindergarten students MUST turn 5 on/ before September 1st.

Student Information:

Form for Student Information including fields for First, M, Last, Home Address, City, State, Zip, Home Phone, Birth Date, Grade Applying For, Year Applying For, Gender, and Ethnicity.

Parent / Guardian Information and Household:

Form for Parent / Guardian Information and Household including sections for 1st Parent / Guardian and 2nd Parent / Guardian, and a section for Parents are: (check all that apply).



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School Information and Background:

Name of CURRENT School	City, State	Current Grade

School(s) attended in last 3 years		
Name of School	City, State	Grades Attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Educational Background and Health Information:

Has this student ever applied to Hope Academy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever attended Hope Academy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been asked to skip or repeat a grade, or to withdraw from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been diagnosed with a learning disability? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been evaluated for special educational needs? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have an Individual Education Plan (IEP) or receive 504 accommodations? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student qualify for an IEP? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been diagnosed with an emotional behavioral or psychiatric disorder? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have any significant health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have any physical disabilities or limitations? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes to any of the questions above, please explain here:</i>	

*You are required to submit formal documentation to make clear, any of these situations.	

Language Information:

What language did this student learn first?	_____
What language is most often spoken in your home?	_____
What language does this student usually speak?	_____



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Church Information:

Is your family connected to a church community? Yes No

If yes, Church Name _____

Denomination _____ Are you a member? Yes No

How often do you attend? Weekly A few times per month A few times per year

Address _____

City _____ State _____ Zip _____

Pastor / Youth Pastor _____

How did you find out about Hope Academy? Please check all that apply.

- Website
- Friend/ Family Member
- Church
- Social Media,
- Current Family
- Staff Member
- Other: _____

Please share why you would like to enroll this student at Hope Academy:

What character traits do you most hope to see develop in this student during their time at Hope?



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PARENT AGREEMENT:

As the parent(s) / guardian(s), I / we understand that in applying I/we are willing to have our child trained in accordance with the Christ-centered mission of Hope Academy. I / we also understand that:

1. The administration and teachers will use wise discretion in the correction and discipline of my child as set forth in the Scriptures.
2. The administration has full responsibility for placing my student in the proper grade.
3. My cooperation is expected in the regular payment of tuition and fulfilling the requirements of the Parent Covenant.
4. Hope Academy is a private school: enrollment is a privilege and not a right. Hope Academy reserves the right to require the withdrawal of a student at any time if such action is deemed necessary.

(One signature is required, two are preferred)

Parent Name (Printed)	Signature of Parent or Guardian	Today's Date
Parent Name (Printed)	Signature of Parent or Guardian	Today's Date

Please email, mail or fax this application to the following address along with your nonrefundable application fee.

- **\$25 for families applying for one student**
- **\$35 for families applying for multiple students**

Hope Academy
Office of Admission
2300 Chicago Avenue
Minneapolis, MN 55404
admission@hopeschool.org
Fax: 612-722-9048