



# Hope Academy

## SUMMER PROGRAM

### STUDENT ENROLLMENT FORM

#### STUDENT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Sex:  M  F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering grade \_\_\_\_\_ Current IEP?  Yes  No  
 Tested for dyslexia?  Yes  No Behavioral issues \_\_\_\_\_  
 Has student received remediation in a multi-sensory method?  Yes  No If yes, which one? \_\_\_\_\_

#### RESIDENCE DATA

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Person With Whom Student Resides:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Other Person With Whom Student Resides:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 OK to publish residence data in school directory?  Yes  No

#### PREVIOUS EDUCATION

Most Recent School Attended: \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Optional: Please check appropriate ethnic code: (check only ONE box)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic                      |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Black, not of Hispanic origin |
| <input type="checkbox"/> Pacific Islander                  | <input type="checkbox"/> White, not of Hispanic origin |

Hope Academy admits students of any race, color, gender and national or ethnic origin.