HCS Use Only (_____)

HOPE CHARTER SCHOOL

Do NOT attach applications together!

REGISTRATION APPLICATION
For School Year (ONLY): 2017-2018
(Will NOT be accepted for 2018-2019 enrollment.)
(Do NOT change or alter application.)

DO NOT USE FOR 9TH-12TH GRADE ENROLLMENT IN LEGACY.

Date: _____ Grade for 2017-18: K 1 2 3 4 5 6 7 8
(CIRCLE ONE GRADE ONLY.)

Student LAST Name _____ Student FIRST Name _____ Gender _____

Date of Birth (M/D/Y) _____ Place of Birth (City,State,Country) _____ Age _____

Address (MUST have street address; Proof of Residence will be required) _____ City & State _____ Zip _____

Mailing Address (if different than above - such as a P.O. Box) _____

(A copy of the student's social security card will be required upon enrollment.)

The above address for student is shared with: (_) Both Parents (_) Legal Guardian (_) Mother (_) Other _____ (_) Father

(Documentation of custody/residence is required.)

Mother's Name (or Guardian) _____

Home Phone (include Area Code) _____ Cell Phone (include Area Code) _____ Email Address _____

Father's Name (or Guardian) _____

Home Phone (include Area Code) _____ Cell Phone (include Area Code) _____ Email Address _____

Current School Information:

Name of Current School _____ County _____

Currently Enrolled Grade _____ If your child has repeated a grade, please indicate which grade: _____

Has your child ever been expelled or suspended from school, been arrested or had Juvenile Justice action taken against him/her?

(_) No (_) Yes Why? (Explain details.) _____

NOTE: If your child is selected in the admissions lottery, you must provide a current/most recent academic report as well as the most recent 504 or IEP plan. These reports will be used strictly to determine that your child will pass his/her current grade level and be able to enroll in the grade level for which you are applying, and to insure that Hope Charter School offers and can provide any services your child requires.

Student Health Information: **(Hope does not employ a full-time nurse.)**

List ALL Conditions, Disabilities or Allergies: _____

(Medical…Physical…Emotional…Behavioral…etc.)

Current Medications: _____

Will your child be taking medications at school? Y N

(An authorization form and doctor's prescription will be required for all medications taken at school. An authorization form and doctor's note will be required for all off-the-shelf medicines, including cough drops, Tylenol, etc. No medication will be dispensed without proper documentation.)

List brothers/sisters (<u>only</u>), <u>and grade level</u>, for whom you are applying for K-8th grade this year (NOT 9th-12th grades). Complete a separate registration form for each.

Name _____ K 1 2 3 4 5 6 7 8 Circle grade for 2017-18

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Name _____ K 1 2 3 4 5 6 7 8 Circle grade for 2017-18

Both Page 1 and Page 2 Must Be Complete and Legible to be Accepted.

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ALL Categories Must Be Completed for Enrollment.

THE NEXT 3 SECTIONS ARE REQUIRED BY THE STATE.
YOU MUST ANSWER ALL QUESTIONS. IT IS NOT OPTIONAL.

Section 1: Federal Ethnic Category	**Section 2: Federal Race Category (check all that apply)**
MUST select one:	**MUST** check at least one:
(_) Yes - Hispanic/Latino	(_) White
(_) No - Not Hispanic/Latino	(_) Asian
(Only choices are Yes or No.)	(_) Black or African-American
	(_) American Indian/Alaska Native
	(_) Native Hawaiian or other Pacific Islanders
	(May select more than one as it applies to the student.)

Section 3: Language Survey - MUST complete ALL questions.

Note: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.

1. Is language other than English spoken at home? (___)Yes (___)No
2. Does the student most frequently speak a language other than English? (___)Yes (___)No
3. Did the student have a first language other than English? (___)Yes (___)No

If the answer to any of the questions above is Yes, what language? _____

Do you need communication sent home in a language other than English? (___) Yes (___) No
If yes, what language? _____

Parent Commitment

If your child has the opportunity to attend Hope Charter School, you and your child will be expected to abide by and support all the school's guidelines and policies. Parents agree to provide lunches and snacks that follow the school's nutritional guidelines (low-sugar, no preservatives, no gum/candy/cake/soft drinks, etc.) Parents are also expected to attend monthly parent meetings and volunteer at least 20 hours per family per year. Students are expected to abide by the uniform policy, nutrition plan (even while on field trips), physical fitness program, behave in a respectful and friendly manner toward peers and staff, and exhibit good work habits. Parents and students agree to cooperate with any behavior or learning plan implemented by Hope Charter School, and to sign and abide by the Parent/Student Handbook and the Code of Civility. A copy of the current handbook and Code of Civility is available on our website under the Parent link. *Website: www.hopecharter.org*

I understand that completing and signing this registration form affirms that I have read and agree to the Parent Commitment, and that if I have failed to fill in completely, accurately and truthfully all information as requested, this application will be considered null and void and will not be accepted for consideration for my child's enrollment.

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Student Signature (if able to sign name) Date

Hope Charter School does not discriminate in admission or access to its programs on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law.