

# HOPE CHARTER SCHOOL

**Do NOT attach applications together!**

**REGISTRATION APPLICATION**  
**For School Year (ONLY): 2020-2021**  
(Will NOT be accepted for 2021-2022 enrollment.)  
(Do NOT change or alter application.)

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

Date: \_\_\_\_\_ Grade for 2020-21:      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.)  
Has student ever been referred to mental health services? Y N If yes, Date: \_\_\_\_\_

**List brothers/sisters (only), and grade level, 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 2020-21	Name _____	K 1 2 3 4 5 6 7 8 Circle grade for 2020-21
Name _____	K 1 2 3 4 5 6 7 8 Circle grade for 2020-21	Name _____	K 1 2 3 4 5 6 7 8 Circle grade for 2020-21

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

Page 2

<b>ALL Categories Must Be Completed for Enrollment.</b>	<b>THE NEXT 3 SECTIONS ARE REQUIRED BY THE STATE. YOU MUST ANSWER ALL QUESTIONS. IT IS NOT OPTIONAL.</b>	
	<b>Section 1: Federal Ethnic Category</b>	<b>Section 2: Federal Race Category (check all that apply)</b>
	<b>MUST</b> select one:	<b>MUST</b> check at least one:
	<input type="checkbox"/> Yes - Hispanic/Latino <input type="checkbox"/> No - Not Hispanic/Latino (Only choices are Yes or No.)	<input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islanders (May select more than one as it applies to the student.)
	<b>Section 3: Language Survey - MUST complete ALL questions.</b>	
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? <span style="float: right;">( ) Yes ( ) No</span> 2. Does the student most frequently speak a language other than English? <span style="float: right;">( ) Yes ( ) No</span> 3. Did the student have a first language other than English? <span style="float: right;">( ) Yes ( ) No</span>		
<b>If the answer to any of the questions above is Yes, what language?</b> _____		

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

**Parent Commitment/Parent Contract**

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 and appearance policy as stated in the Handbook, 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](http://www.hopecharter.org)

**I understand that completing and signing this registration form affirms that I have read and agree to the Parent Commitment/Contract, 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

HCS Use Only (\_\_\_\_\_)

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.