

HOPE Community Academy Registration/Emergency Form 2009 - 2010

Student Information

Student's Name: _____

Grade: _____

Address: _____

City: _____ State: MN Zip: _____

Phone No.: _____ Date of Birth: _____ Place of Birth _____

Social Security No. _____ Gender: ___ M ___ F

Last Grade Attended _____

Previous School: _____

Student has an IEP ___ Yes ___ No

Referred by: Name _____ Phone No. _____

Parent/Guardian Information e-mail address: _____

Father's Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Mother's Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Child Lives With:

___ Father ___ Mother ___ Both Parents

___ Other: Relationship: _____

Please list here the name(s) of any other children in the same household that attend

HOPE.

1. _____
2. _____
3. _____
4. _____

In case of emergency, the school will attempt to contact you. If the school is unable to contact you, list three people who may be contacted to care for your child. Please make sure these are local phone numbers and inform them you are using their name.

Name: _____ Phone No. _____

Address: _____ Relationship _____

Name: _____ Phone No. _____

Address: _____ Relationship _____

Name: _____ Phone No. _____

Address: _____ Relationship _____

Doctor's Name _____ Phone No. _____

Dentist's Name _____ Phone No. _____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to have my child taken by ambulance to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary. The cost of the ambulance is my responsibility.

Signature of Parent/Guardian

Date

Please return to:
HOPE Community Academy
Mail or in person:
720 Payne Avenue
Saint Paul, MN 55130

Email: contact@hope-school.org
Fax: 651-796-4599