



Enrollment Application form for HOPE Community Academy (2019-2020)

Instructions to Complete the Enrollment Application

1. Complete the Application form
 2. Print the Enrollment Application form
 3. Send/drop off this application form to:
HOPE Community Academy
720 Payne Avenue
St. Paul, MN 55130
 4. Call 651-796-4500 if there is any question.
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Student Information:

Student's Full name (Last, First, Middle): _____

Grade for 2019-2020 School Year: _____

Student's Address: _____

City, State, Zip code: _____

Telephone number: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ Middle Name: _____

Telephone number: _____ Cellular phone: _____ Email address: _____

Email address: _____

Emergency Contact

Name (full name): _____ Relationship to student: _____

Telephone number: _____ Email address: _____

Additional Details:

Does this student have a sibling already enrolled or applying for HOPE Community Academy?

If yes, Sibling's Full Name: _____

Person Submitting This Form: _____

Telephone number: _____

Relationship To Student: _____

Date Received:

Office use only.