



HOPE Community Academy

720 Payne Avenue, St. Paul, MN 55130

tel. 651-796-4500 / fax 651-796-4599

www.hope-school.org

Dear Family:

Thank you for your interest in HOPE Community Academy. I am pleased that you are considering our school as an educational choice for your child. HOPE Community Academy seeks to provide students in kindergarten through eighth grade the knowledge and skills to achieve academic excellence, personal growth, and success in a safe, positive, and diverse learning environment.

I appreciate your interest and invite you to come and see the school. Please feel free to contact me with any questions you might have or to set up an appointment for a tour.

Sincerely,

Maychy Vu

Maychy Vu

Director

HCA New Student Registration Application

Student name: _____ Date of birth: _____

Grade level: _____ Gender: Male Female (circle one)

Name of current last school attended:

School address:

School telephone number: _____

Parent Information

Mother's name: _____

Father's name: _____

Guardian's name: _____

Student's home address: _____

Home telephone number: _____

Cell phone number: _____

Email address: _____

Office Use Only

Date received:

HCA New Student Registration

Family Name (primary family last name)

STUDENT INFORMATION

Please list each child(ren) in the same household currently attending HOPE Community Academy.

NAME _____ GRADE _____
(first name only, except if different from family name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- My child(ren) will not be returning to HOPE Community Academy.

HOUSEHOLD INFORMATION

- Student(s) resides at 1 household 100% of the time.

Father Mother Both Other

Student has special custody arrangements.

If so, please provide the office with a copy of the custody agreement.

- Student(s) resides at multiple households.

MANDATORY ITEMS

Copies of the following items must be returned to HOPE by mail or fax before your child can begin school.

Child's Birth Certificate

Social Security Card

Immunization Record

Early Childhood Screening**

**for children entering kindergarten

FATHER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

EMAIL: _____

MOTHER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

EMAIL: _____

OTHER: PARENT, GRANDPARENT, GUARDIAN

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME: (_____) _____ - _____

WORK: (_____) _____ - _____

CELL: (_____) _____ - _____

EMAIL: _____

Home Language Questionnaire

ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION		
School name	District number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____	_____	_____
Signature – Responsible Authority	Title	Date

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i> <i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____	_____
Signature – Parent/Guardian	Date

Release of Pre-school Screening Records

If your child's pre-school screening did not take place at HOPE Community Academy, please complete this form.

Student name: _____ Birth date: _____

Pre-school screening location:

Name: _____

Address: _____

Telephone: _____

Fax: _____

School that record information is to be released to:



HOPE Community Academy

720 Payne Avenue

St. Paul, Minnesota 55130

651-796-4500 (office) 651-796-4599 (fax)

Start date at HOPE: _____

Please release the following official education records. *(Do not send original files; copies only, please.)*

Pre-school screening

Please release the Pre-school screening records, special education records, and any other information that may be helpful in planning and implementing the student's school program at HOPE Community Academy.

Release of Official Education Records

Student name: _____ Birth date: _____

School that student previously attended:

School name: _____

School Address: _____

School Telephone: _____

School Fax: _____

School that record information is to be released to:



HOPE Community Academy
720 Payne Avenue
St. Paul, Minnesota 55130
651-796-4500 (office) 651-796-4599 (fax)

Start date at HOPE: _____

Please release the following official education records. *(Do not send original files; copies only, please.)*

- Grades – Report Cards
- Cumulative records
- Health records
- Standardized test results
 - MCA
 - NWEA
- EL (if any)
 - Home Language Questionnaire
 - ACCESS/ELL
 - WIDA model
- Special Education (if any)
 - IEP
 - Evaluation Report
- Social worker involvement (if any)
- Other information which may be helpful in planning and implementing the student's program at HOPE.

In accordance with revised federal and state statutes, permission of the parent or adult student is no longer required when authorized school personnel request records.

Office Use Only

Grade: _____

Teacher: _____

Health Care Summary

Student name: _____ Gender: M F Birth date: _____

Address: _____
Street City State Zip code

Mother/Legal Guardian Home Phone Work Phone Cell Phone

Father/Legal Guardian Home Phone Work Phone Cell Phone

Identify any allergies (food, medication, insects, other) this child may have: _____

Is a modified diet necessary? If yes, please describe: _____

Is any condition present that might result in an emergency? If yes, please describe: _____

Student currently has or had in the past any of the following conditions. If yes, explain below.

Condition	Yes	No	Condition	Yes	No
Asthma			Hearing Problem		
ADHD/ADD			Heart Disease		
Behavioral/Developmental Problems			Hospitalizations		
Congenital Problem			Menstrual Problems		
Cystic Fibrosis			Mental Health (Emotional) Problems		
Dental Problem			Orthopedic Problems		
Diabetes			Seizure Disorder		
Eating Disorder			Stomach Problems		
Bowel Problem			Surgeries		
Eye Problems			Wears glasses or contacts		
Speech Problem			Other		

If you answered "yes" to any of the above, please explain: _____

List all medications (prescription and over-the-counter) the student takes on a regular basis:

Medication	If a prescription, name of doctor.	Condition treated	Dosage	Time given

If determined to be necessary, the Health Office at HOPE Community Academy may apply to this student's skin Hydrocortisone cream 1% and/or an antibiotic ointment. **Please contact the school (651-796-4500) if you do not want these medications used on your child.**

Student's Physician: _____ **Phone:** _____ **Last Seen:** _____

Student's Dentist: _____ **Phone:** _____ **Last Seen:** _____

Name of any other health care provider:

_____ **Phone:** _____ **Last Seen:** _____

Bus Pick-Up and Drop-Off

Please notify HOPE Community Academy of any changes to this information. We are unable to comply with changes to bus pick-up and drop-off instructions unless a revised form is completed, signed, and on file in our office.

Please complete one form for each child enrolled at HOPE.

Student name: _____ Grade: _____ Teacher: _____

Pick-Up Address	Pick-Up Street Address: _____ City, State, Zip: _____ Phone Number for this Address: _____ Is this a day-care address? <input type="radio"/> Yes <input type="radio"/> No
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Drop-Off Address	Drop-Off Street Address: _____ City, State, Zip: _____ Phone Number for this Address: _____ Is this a day-care address? <input type="radio"/> Yes <input type="radio"/> No
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Complete the following only if different from pick-up or drop-off addresses.

Home Address	Home Street Address: _____ City, State, Zip: _____ Phone Number for this Address: _____
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Print Parent/Guardian Name

Parent/Guardian Signature

Date

Parent Authorizations

Field Trip Permission

I give my permission for my child, _____, to attend and be transported on all field trips during the school year. I understand that I will receive specific information regarding the field trip prior to the actual trip, including transportation by licensed, bonded services. My child also has permission to participate in walking field trips around the school neighborhood parks.

Parent/Guardian Signature

Date

Media Release

During the school year, staff of HOPE Community Academy and media may want to interview, photograph, or videotape your child for use in publications, television reports, and public presentations. The pictures may be of groups of students or individuals and the students' names may be used.

I give my permission for my child, _____, to be photographed and interviewed and grant permission to HOPE Community Academy to use my child's photo and/or videotaped image and interview information for the purpose of informing the public about, and promoting enrollment at HOPE Community Academy. This permission will expire one year from the date of this consent.

Parent/Guardian Signature

Date

Internet

I give my permission for my child, _____, to have individual access to the Internet. I understand that students and families may be held liable for violations of the Internet Use Policy. I also understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use by setting and conveying standards for my daughter/son to follow when selecting, sharing, or exploring information.

Parent/Guardian Signature

Date