



HOVEN ACADEMY

Admission Application

Student Information

Student's name _____ Gender _____ Pronouns _____

Date of Birth _____ Age _____ Current grade _____ Age as of September 1st _____

Student's current school _____ Grades attended _____

Name of student's current teacher(s) _____

Other schools student has attended (if applicable) _____

Homeschooling or other experience _____

Parent/Guardian 1

Name _____ Occupation _____

Home address _____

Home phone _____ Cell phone _____

Email _____

Parent/Guardian 2

Name _____ Occupation _____

Home address _____

Home phone _____ Cell phone _____

Email _____

Student lives with (names and relationship) _____

Names and ages of siblings _____

Are parents separated or divorced, or is either deceased? _____

Name of person(s) financially responsible for tuition payment _____

How did you hear about Hoven Academy? _____

Please answer the following questions below or attach answers on a separate sheet of paper.

Why do you think Hoven Academy would be a good fit for your child?

What are your child's strengths and interests (both in and out of school)?

What are your child's challenges and needs (both in and out of school)?

What would be helpful for us to know about how your child learns?

Describe your child's most recent school experience.

Is your child currently on an IEP, a 504 plan, any other special plan, or receiving special support or accommodations?
We will ask that you provide reports and documents related to any special needs of your child reported above.

Has your child ever been subject to disciplinary action, or ever been asked to withdraw from a school. If so, please explain.

Are there any significant factors that have affected your child's life?

Is there anything else you would like us to know about your child?

When considering if Hoven Academy is a good fit for a student, we will need information provided in your child's school transcript and records. We may also decide that speaking directly with staff at your child's school will be helpful. Please use the form below to give us permission to speak with school staff or obtain records.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Hoven Academy welcomes students of any race, color, national or ethnic origin, religion, sex, gender or sexual orientation. All students are accorded the rights, privileges, programs and activities generally made available to students at the school.

Please email application materials to:

admissions@hoven.academy



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Additional Admission Questions

1. Would you be interested in bus transportation? Which days of the week? (circle all that apply)
 - a. Monday - Morning Afternoon Both
 - b. Tuesday- Morning Afternoon Both
 - c. Wednesday - Morning Afternoon Both
 - d. Thursday - Morning Afternoon Both
 - e. Friday - Morning Afternoon Both

2. Would you be interested in Before or After Care for an additional fee? Which days of the week? (circle all that apply)
 - a. Monday - Before Care After Care Both
 - b. Tuesday - Before Care After Care Both
 - c. Wednesday - Before Care After Care Both
 - d. Thursday - Before Care After Care Both
 - e. Friday - Before Care After Care Both

3. Which sports or clubs may your child be interested in? (circle all that apply)

a. Soccer	f. AAU	h. Let Me Run
b. Basketball	Basketball	(boys only)
c. Cheerleading	(spring)	i. Boy Scouts
d. Baseball	g. Girls on the	j. Girl Scouts
e. Softball	Run (girls only)	k. Other:

4. Are you interested in applying for need-based scholarships?
 - a. Yes No

5. Are you interested in applying for merit-based scholarships?
 - a. Yes No



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Permission for Contact and Release of Transcripts & Records

Student's Name: _____ Date of Birth: _____

To the Student's Parent or Guardian: *Please sign the release below and include it with your application to Hoven Academy.*

I give permission for staff at Hoven Academy to speak directly to staff at my child's school. I also give permission for the release of my child's records to Hoven Academy, including a transcript of their academic records, disciplinary reports, evaluation and psychological reports, IEPs or 504 plans, health records, and any other pertinent records.

Name and address of schools to which I give this permission:

Signature of Parent/Guardian: _____ Date: _____

To School Personnel: The above student has applied for admission to Hoven Academy.

Please email application materials to:

admissions@hoven.academy