

HOPE Learning Academy of Toledo

4234 Monroe St.

Toledo, Ohio 43606

419-298-6313

Application for Enrollment

Thank you for your interest in HOPE Learning Academy!

Please note that this form is used to express interest in enrollment. It is not an official registration form. This form is to place you on the waiting list, for when a spot becomes available. Once the screening process has been completed, our office will contact you regarding enrollment.

Date: _____

Student's Name: _____ Grade Enrolling in: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

How did you hear about HOPE Learning Academy?

_____ Direct mail came to my mailbox

_____ I saw a flyer in my community

_____ I saw a printed ad in a Parent Magazine

_____ I clicked an online ad on the internet or Facebook

_____ My child is a sibling or another family member of an existing student: _____

_____ I was referred by a parent or community organization: _____

_____ Other: _____

Parent Signature: _____ **Date:** _____

STUDENT HISTORY INFORMATION

Name of Student: _____ Enrolling Grade: _____

Previous school Attended: _____

Previous school Attended: _____

Does your student have an active Individualized Education Plan (IEP)? Yes: _____ No: _____

If so, under what qualifications? Do they receive any related services? _____

Has your student ever received counseling or psychological testing? Yes _____ No _____

List any special Concerns for your child: _____

Has your student experienced any physical, emotional, mental, or social problems within the past two school years? Yes _____ No _____ (If yes, please explain.) _____

Has your student ever been: Suspended: _____ Expelled _____ No _____ If suspended or expelled, please explain: _____

Please describe any special needs that your student may require, including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

- Academic (if any): _____

- Medical / Physical (if any): _____

- Medications to be given to the student during the school day: Yes _____ No _____ If yes, please describe (you must also sign a medication permission form upon enrollment): _____

About Your Child

1. Why have you chosen to seek an alternative educational setting for your child? _____

2. What are your child's interests? _____

3. What are your child's strengths? _____

4. Does your child struggle in any specific academic areas? _____

5. Describe your child's social relationships at home and at school: _____

6. Describe any behavior or attention deficit concerns: _____

7. Anything else you would like us to know about your child? _____
