

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? _____