



Hope Academy

1100 Old Dixie Highway, Homestead, FL
Main Office Phone: 786-243-3390 Fax: 786-243-3391

Student Information Form 2021 – 2022

STUDENT INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

Current Grade: _____ Birth Date: _____ Birth Place: _____

Today's Date: _____ Social Security: _____ Start Date: _____

Last School Attended: _____ Gender: _____

Language Spoken at Home: _____ Siblings: _____

PARENT(S) OR GUARDIAN(S) INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

Social Security: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Last Name: _____ First Name: _____ M.I.: _____

Social Security: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

****A parent's / guardian's name cannot be removed from a student's file without proper legal documentation.***

OTHER EMERGENCY CONTACT(S):

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Doctor: _____ Clinic / Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dr. Office Phone: _____ Clinic Phone: _____

Allergies: _____

Medical Problems: _____

Medication: _____

May we give your child Acetaminophen (Tylenol)? Yes No

FOR OFFICE USE ONLY:

Notes: _____

PHOTO RELEASE

Throughout the school year there will be many events in which we will be taking pictures of our students. These pictures may be displayed within our classrooms for the parents and students to view. Also, there will occasionally be projects created for you using your child's picture.

Your signature below indicates that you give us permission to photograph your child for educational purposes for use in our classrooms, yearbook, website, or the local newspaper.

_____ I DO give permission

_____ I DO NOT give permission

Parent/ Guardian Signature





Hope Academy 2, Inc.

Knowledge for Growth ... Wisdom for Life



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Homestead, Florida, 33030
Phone: (786) 243-3390 Fax: (786) 243-3391
www.hopeacademyonline.com

School Contract

Dear Parents / Guardians,

Wearing a school uniform is a discipline by itself. Hope Academy is a private school and as such, we will not accept inappropriate attire. **No cell phones or electronic devices are permitted in school. If your child has an emergency they will be allowed to use the office phones.** Students must wear belts and shirts must be tucked in at all times. Your child will be issued a warning for the first offense; thereafter, he or she will be suspended from school. Parents and students please read and sign the bottom of this letter.

Uniforms

Girls

Polo Shirt: White, Gold, Red, or Navy Blue with the school logo on left chest
Skort / Jumper (Elementary): Red and Navy Plaid
Length: Skort cannot be more than 2' above the knee
Slacks (Middle and High School): Khaki or Navy Blue in color
Shoes: Sneakers with socks/ **No sandals, open-toe, or heeled shoes**

Boys

Polo Shirt: White, Gold, Red, or Navy Blue with the school logo on left chest
Shorts (Elementary): Khaki or Navy Blue Bermudas/ No cargo shorts are permitted
Pants: Khaki or Navy Blue in color/ No cargo pants are permitted
Shoes: Sneakers with socks/ **No sandals or slip-ons**
*** NO OVERSIZED CLOTHING ALLOWED.**

ONLY PLAIN NAVY BLUE SWEATERS AND/OR JACKETS ARE ALLOWED WITH LOGO

Thank you for your cooperation in this matter. Signing this letter is an indication that you have received it.

Mrs. Nirvala Autar
Principal

I have received this letter and I am aware of the Dress Code and Rules of Hope Academy.

Parent's Name: _____ Date: _____

Parent's Signature: _____

Child's Name: 1. _____ 2. _____ 3. _____

Child's Signature: 1. _____ 2. _____ 3. _____



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Parent Consent and Release Form for Field Trip

My child, _____, has permission to participate in all of Hope Academy's field trips for the school year. I understand that these activities involve traveling to and from destinations outside the school campus.

Conduct During Activity

I understand that my child's participation in these activities is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for these activities, all school policies and procedures, and rules of conduct set forth in the Hope Academy Student Handbook. I understand that all rules and policies apply to my child and the other students during the course of the field trip.

Please initial on the space to the left of each statement below to acknowledge your acceptance of the following permissions.

_____ I give permission for my child to ride in a vehicle to and from the activity.

I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

Acknowledgement of Personal Liability and Waiver

I also understand that this field trip may expose my child to some risks and I assume any such risk that may rise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/ her participation.

By signing this form I hereby release Hope Academy, its board, its board members, administrators, directors, officers, teachers, employee, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct (b) arising out of any damage or injury caused by my child, or (c) arising out of a parent/guardian/ or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/ or judgments.



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Signature

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE on _____.
(mm/dd/yyyy)

This CONSENT AND RELEASE has been read and is understood by me.

Signature of Student's Parent or Legal Guardian

Date

Parent Consent and Release Form for Field Day

My child, _____, has permission to participate in all of Hope Academy's Field Day activities for the school year. I understand that these activities involve running, jumping, climbing, rolling, etc. Hope Academy will bear no responsibility in any injuries that may be sustained from such activities.

I understand that my child's participation in these activities is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for these activities.

I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my child will not be permitted to participate in these activities.

Acknowledgement of Personal Liability and Waiver

I also understand that some of these field day activities may expose my child to some risks and I assume any such risk that may rise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

Signature

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

This consent and release has been read and is understood by me.

Signature of Student's Parent or Legal Guardian

Date



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No Dismissal between 2:00 P.M. – 2:30 P.M.

Parents are not allowed to pick-up their children between 2:00 p.m. and 2:30 p.m. The entrance gate will be closed during this time. Please wait patiently outside of the gate until the gate is opened. There is a reason for this. The safety of our students is our number one priority at Hope Academy. Parents' cars are blocking the parking lot at dismissal time. This makes it extremely difficult for our students to board the school buses.

Please cooperate with our policies.

Thank you.

Note: Parents are **not** allowed to be in a classroom later than 8:30 a.m. If you wish to speak to your child's teacher, please feel free to set up a conference by calling the school office.

Thank you for choosing Hope Academy!

Sincerely,

Mrs. Autar
Principal

Parent Signature: _____ Date: _____

Hope Academy

Dress Code

General Appearance

Hope students are representatives of Hope Academy while they are in uniform; therefore, it is expected that all students be appropriately attired each day.

- All students are expected to dress in a modest and neat fashion.
- All students are expected to practice good hygiene.
- All students are required to wear their shirts tucked in.
- Girl's skirts and jumpers will not be short, but of a modest length. A modest length being no shorter than two inches from the floor when the student is kneeling.
- Students are not allowed to wear excessive jewelry. Students may wear one watch, one neck chain, and (girls only) one pair of earrings. Earrings are not to be dangling, but studs. **BOYS WILL NOT BE PERMITTED TO WEAR EARRINGS OF ANY KIND.**
- Belts will not be long and hang from the waist. All pants and shorts will be worn at the waist.
- No gang related accessories will be permitted.
- No inappropriate body piercing.
- No gold teeth.
- No colored tee shirts (only White).
- No electronic devices – I Pods, cell phones, calculators, etc.
- No hooded sweaters. Jackets are permitted.

Hair

Boys must keep their hair trimmed so that it rests above the collar of the polo shirt. Students whose hair does not meet standards will be given a 48-hour warning by which time their hair must be cut to an appropriate length. No student will be admitted to school until this requirement is met. Inappropriate hair styles or coloring will not be permitted. The school reserves the right to ask the student to change any hair style or coloring deemed inappropriate.

Hope Academy

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UNIFORMS

Giovanni's Uniform Store

Tel: 786-281-3027 305-258-2906

Pioneer Mall - 224 Washington Avenue, Suite 14, Homestead, fl 33030

Open Wednesday thru Friday, 12:00 - 6:00 p.m. / Saturday, 1:00 - 7:00 p.m. / Sunday, 11:00 a.m. - 7:00 p.m.

GIRLS

K – 5th Grades

Polo Shirt with Logo: Short or Long Sleeve:

Colors: White, Navy Blue, **Red**, or Gold

Jumper: Red and Navy Plaid

Skort: Red and Navy Plaid

Tights (optional)

Sweater with Logo: Navy Blue

Jacket (Nylon or Cotton) with Logo: Navy Blue

Sneakers

6th – 12th Grades

Polo Shirt with Logo: Short or Long Sleeve:

Colors: White, Navy Blue, **Red**, or Gold

Long Pants: Flat Front

Colors: Khaki or Navy Blue

Sweater with Logo: Navy Blue

Jacket (Nylon or Cotton) with Logo: Navy Blue

Belt

Sneakers

******* ALL STUDENTS MUST WEAR THE RED POLO SHIRT ON WEDNESDAYS *******

BOYS

K – 5th Grades

Polo Shirt with Logo: Short or Long Sleeve:

Colors: White, Navy Blue, **Red**, or Gold

Long Pants: Flat Front

Colors: Khaki or Navy Blue

Shorts: Flat Front

Colors: Khaki or Navy Blue

Jacket (Nylon or Cotton) with Logo: Navy Blue

Belt

Sneakers

6th – 12th Grades

Polo Shirt with Logo: Short or Long Sleeve:

Colors: White, Navy Blue, **Red**, or Gold

Long Pants: Flat Front

Colors: Khaki or Navy Blue

Jacket (Nylon or Cotton) with Logo: Navy Blue

Belt

Sneakers

******* ALL STUDENTS MUST WEAR THE RED POLO SHIRT ON WEDNESDAYS *******

P.E. Uniforms:

(Mandatory for K – 6th Grades)

Gold T-Shirt with Logo (\$10.00 each)

Navy / Black Gym Shorts (\$10.00 each)

Both Gold T-Shirt and Navy / Black Gym Shorts (\$15.00 each pair)

SOLD AT HOPE ACADEMY ONLY!