

# APPLICATION PROCESS

For a student to be considered for admission to HOPE ACADEMY, the following are required:

- ◆ Completed application with a \$50 application fee returned to the Admission Coordinator
- ◆ Return recent transcript including grades from current school year to Admission Coordinator
- ◆ Schedule and complete assessment requirements  
(A campus visit is recommended)

Please follow the directions below concerning the application. You may request that the school report and transcript be returned to you in a sealed envelope to forward to us, or you may have the information mailed directly to the Admission Office. If you have questions concerning the application process, feel free to call the Assistant Director's office at 256.362.4314.

## APPLICATION FOR ADMISSION

Please fill out this part of the application and send it in to the Assistant Director as soon as possible. We ask that we receive the main application before you come for the campus visit and conversation.

## School Report and Transcript

Please give the *School Report and Transcript Request* form to your Principal or Guidance Counselor, providing him or her with our envelope addressed to the attention of the Assistant Director. The transcript should include all grades, state assessment information, attendance, tardy, and disciplinary information. Please mail the transcript and school report to the Admission Office. You may request that the school mail this information

directly to the Assistant Director. Students already in high school should provide a transcript with all courses and grades taken for high school credit.

## DAY STUDENT ADMISSION PROCESS

Admission decisions on day student applications for grades 1-12 are typically made by the Admission Committee.

Please mail the *Application for Admission, School Report and Transcript Request*, and other relevant information to the Assistant Director.

When application information is complete, the Admission Committee will make recommendations to accept or not accept the application. Accepted applicants will be scheduled for educational assessments.

Upon completion of assessments, notification of the Admission Committee's decision will be mailed. Once accepted, families have 10 days to return their enrollment agreement and non-refundable first month tuition deposit to reserve their place at Hope Academy.

## NOTE:

The education program at the Presbyterian Home operates under a rolling admission policy. We require school transcripts, testing, and an interview from all of our applicants. Decisions are made on a weekly basis while spaces are available. Interviews and campus visits can be scheduled by appointment. Please contact the Admission Coordinator at 256.362.4314 for further information.



# APPLICATION FOR ADMISSION - CONTINUED

## PARENT/GUARDIAN INFORMATION

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

(If different from student)

(If different from student)

City/State/ZIP: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellular Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Student lives with: \* Mother \* Father \* Mother and Father \* Other \_\_\_\_\_

Person Responsible for Payment of Tuition/Residential Fees: \_\_\_\_\_

Has the student ever undergone psychological or educational testing and evaluation? If yes, please describe: \_\_\_\_\_

As a parent, what are your expectations of Hope Academy? \_\_\_\_\_

What do you consider to be the student's strengths? \_\_\_\_\_

What do you consider to be the student's weaknesses? \_\_\_\_\_

What are the student's academic strengths? \_\_\_\_\_

What are the student's academic weaknesses? \_\_\_\_\_

Is there anything else that is important for us to know about your child to best meet his or her needs? \_\_\_\_\_

Has the student ever been dismissed or withdrawn from school for illness, misconduct, academic failure or the use of drugs? \* Yes \* No If yes, please explain: \_\_\_\_\_

### **FOR PARENTS/GUARDIANS OF RESIDENTIAL STUDENTS ONLY:**

Why are you considering a residential school? \_\_\_\_\_

How do you think your child will adapt to the challenges of living away from home? \_\_\_\_\_

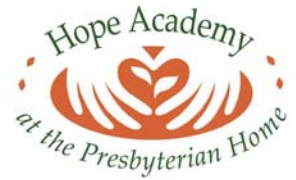
**STUDENT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Hope Academy

## SCHOOL REPORT AND TRANSCRIPT REQUEST

Please complete this form, attach the requested information, and return all documents to:



Hope Academy  
Assistant Education Director  
P.O. Drawer 577  
Talladega, AL 35161

- Please enclose:**
1. An official transcript
  2. Record of student's standardized testing results
  3. 504 or special education records (if applicable)

### GENERAL INFORMATION:

\_\_\_\_\_ has been enrolled in \_\_\_\_\_  
(Student's Name) (Name of Present School)

from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ School Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Month) (Year) (Month/Year)

Principal or Records Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If attendance and tardy records are not included on you school's transcript, please indicate numbers here:

Current Year: \_\_\_\_\_ Tardy \_\_\_\_\_ Absent \_\_\_\_\_ Previous Year: \_\_\_\_\_ Tardy \_\_\_\_\_ Absent \_\_\_\_\_

Average grades earned in the last grading period (attach grade report): \_\_\_\_\_

If this student has been in disciplinary trouble at your school, please describe: \_\_\_\_\_

Additional comments that you feel will be helpful to us as we evaluate the appropriateness of this student for admission into our educational program: \_\_\_\_\_

Name and location of previous school: \_\_\_\_\_

### EDUCATION INFORMATION:

Does the student currently qualify for 504 services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please include the 504 Plan.

Does the student qualify for special education services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list exceptionality \_\_\_\_\_. Attach the IEP and special education documentation required for provision of services.

If the student does not currently receive special education services, is there a record of referral for special education services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide documentation of referral and referral decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*We appreciate the time and effort required to complete this report. Your data and comments will help us make appropriate decisions relative to the student.*

