

**2012/2013
Admissions
Packet**



NEW HOPE
A C A D E M Y

**1820 Downs Boulevard
Franklin, TN 37064
Office: (615) 595-0324
Fax: (615) 261-4494
www.nhafranklin.org**

2012/2013 Admissions Application

Please submit completed application with a non-refundable application fee of \$50.00. Applicants must be at least four (4) years of age for Pre-K or five (5) years of age for kindergarten by September 1st.



NEW HOPE
ACADEMY

APPLICANT INFORMATION

Name: _____ Preferred Name: _____
First Middle Last

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: () Male () Female Age: _____

Street Address: _____ City, State: _____ Zip: _____ Phone: _____

Current School: _____ Current Grade: _____ # of Years Attended: _____

Applying for Grade: _____ Applying for School Year Beginning August, _____

Full Tuition for Kindergarten through 6th Grade **Current Year 2011-12:** \$9,900

If Pre-Kindergarten select one:

Pre-Kindergarten: 3-day program () 8:00am-1:00pm - \$4,300 () 8:00am-3:00pm - \$6,000	Pre-Kindergarten: 5-day program () 8:00am-1:00pm - \$7,100 () 8:00am-3:00pm - \$9,900
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(All tuition subject to change without notice)

Is the student an applicant for financial assistance? () Yes () No

FAMILY INFORMATION

Father /Guardian Name: _____ Mother /Guardian Name: _____

Address (if different from above) _____ Address (if different from above) _____

City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____

Employer: _____ Employer: _____

Occupation/Job Title: _____ Occupation/Job Title: _____

Phone #: (check box for best phone number to reach you during school hours)

Work: _____ Work: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

E-Mail: _____ Email: _____

Please check one:

Are you the: () Parent () Guardian If guardian, relationship to student: _____

Marital Status: () Married () Single () Divorced () Separated () Widowed

The applicant lives with: () Both () Father/Guardian () Mother/Guardian

Please list the names and birthdates of all **SIBLINGS** living in the household:

Name	Birth Date	Name	Birth Date

New Hope Academy does not discriminate based on age, race, gender, religion or national origin in administration of its educational programs, admission policies, or financial aid.

New Hope Academy's philosophy is to teach to the whole child. Please help us get to know your Child by answering the following questions as honestly and accurately as you can. It is imperative For us to be made aware of your child's needs so that we can serve them in the best way possible.



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STUDENT MEDICAL INFORMATION

Student medical information:

1. Please indicate any medical conditions of which the faculty and staff should be aware:

- Vision
 - Hearing
 - Allergies (seasonal, bee stings, food, etc.)
 - Seizures
 - Diabetes
 - Cardiovascular
 - Asthma/Upper Respiratory
 - Other (i.e. physical limitations, mental limitations, etc.)
- Please give details if you've indicated one of these conditions:

2. Please list any medications your child is currently taking?

3. Student Learning:

Please indicate any learning styles or physical limitations that you, a doctor, or an educator has observed or that your child is receiving services for:

- Speech (articulation)
 - Language (comprehension or verbal and written expression)
 - Physical Therapy
 - Attention (focusing, following multi step directions, completing tasks)
 - Sensory Integration
 - Autism/Aspergers
 - Dyslexia
 - Touretts Syndrome
 - Dysgraphia(issues with spelling, handwriting, putting thought on paper)
 - Discalcula(math expression)
 - Executive Function(organization, memorizing, working independently, retaining information)
- Please give details if you've indicated one of these issues:

4. Student Social and Emotional:

Does your child get along with other children? _____

Does your child get along with adults? _____

How does your child feel about him/herself? _____

Has your child ever been suspended? _____

List any concerns about your child's emotions(depressed, sad, angry, fear, anxiety)

Has your child ever seen counselor? _____

5. Has the student ever been diagnosed with a learning difference? () Yes () No

6. Has the student ever been recommended for educational testing? () Yes () No

7. Does the student currently have an IEP (Individualized Educational Plan) () Yes () No

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Primary reasons for enrolling in New Hope:

New Hope Academy *Loco Parentis* Statement:

The parental authority over the education of the student is respected and reinforced at every level of the academic program at New Hope Academy. Teachers and staff do not function above parental authority, but rather with delegated authority (*loco parentis*) from the parents. Parents have the ultimate responsibility for their student’s education and not the school or its teachers.

New Hope Academy Parental Responsibility:

All parents are required to demonstrate their commitment to the family focus of the school by volunteering at least two hours each month in the service of the school. Volunteer opportunities are available through events, classroom needs and activities, Parent Volunteer Community, and other such needs as they arise throughout the year. Parents are encouraged to exercise their gifts and abilities in fulfilling these services. A volunteer coordinator will assist in tracking, documenting, and facilitating volunteer efforts.

New Hope Academy Saturday School:

As part of the academic year, once each semester, New Hope Academy will have school on a Saturday. All students with their parents are required to attend school and will participate in classroom activities as well as school wide activities. Saturday School is used to encourage parental involvement in their child’s education, as well as continue to build community within the school. Because students attend school on that Saturday, school will be closed the Monday following Saturday School. Please check the calendar at the beginning of the school year for the Saturday School dates. Parents are asked to set these dates as a priority.

I agree and promise to fulfill my responsibilities as a parent of New Hope Academy. I understand that it is imperative that I remain involved with my student’s education at home and at school; therefore it is my full intention to complete the volunteer hours as well as participate in Saturday school.

I acknowledge that all information on this application is accurate and true.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

OFFICE USE ONLY

Received: ___/___/___	Tour: ___/___/___	Offered: ___/___/___	<input type="checkbox"/> FA - Form
<input type="checkbox"/> Fee Paid	Interview: ___/___/___	<input type="checkbox"/> Accepted: ___/___/___	<input type="checkbox"/> Tax Documents
<input type="checkbox"/> Sibling	Assessed: ___/___/___	<input type="checkbox"/> Declined: ___/___/___	<input type="checkbox"/> Pay Stubs
<input type="checkbox"/> New Applicant		<input type="checkbox"/> Contract: ___/___/___	

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