

**2010/2011
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**

2010/2011 Admissions Application



NEW HOPE
ACADEMY

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

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: \$9,250

If Pre-Kindergarten select one:

Pre-Kindergarten: 3-day program () 8:00am-1:00pm - \$4,000 () 8:00am-3:00pm - \$5,600	Pre-Kindergarten: 5-day program () 8:00am-1:00pm - \$6,600 () 8:00am-3:00pm - \$9,250
---	---

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.



STUDENT MEDICAL INFORMATION

1. Please indicate any medical conditions and/or allergies of which the faculty and staff should be aware. (e.g. asthma, peanuts, bee stings etc.) _____
2. Please list any medications that your child is currently taking: _____
3. Does your child have any known handicaps, mental or physical, that would limit his/her participation in New Hope's educational program? _____

PARENT/GUARDIAN QUESTIONNAIRE

1. Is the student an applicant for financial assistance? () Yes () No
2. Has the student ever been diagnosed with a learning difference? () Yes () No
3. Has the student ever been recommended for educational testing? () Yes () No
4. Does the student currently have an IEP (Individualized Educational Plan) () Yes () No
5. Photos of New Hope students may be used on New Hope's website, videos, and/or magazine articles for news related items, promotions, and admissions. Do you give permission to use your student's photo, first name, and/or image? () Yes () No

Primary reasons for enrolling in New Hope: _____

Areas of interest for volunteering:

- () Accounting () Admin/clerical () Carpentry () Event planning () Fine Arts () Fundraising
 () Lawn care () Maintenance () Technology () Tutoring/Reading () Other _____

If attending a church: Church Name: _____ Pastor's Name: _____

Are you a member of this church: () Yes () No If yes, for how long? _____

List any missions trips / community service / volunteer commitments: _____

OFFICE USE ONLY

Notes: _____

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: ___/___/___	

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

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