

Hope Academy Home of the Eagles

Application for Enrollment

Last Name		First Name		Date of Application / /	
Current Home Address			Apt. #	Zip	
City		Home Phone ()		Emergency Phone ()	
Date of Birth / /	Age	Place of Birth		Sex M/F	
Ethnicity <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____					
School Currently/Last Enrolled In		District		School's Mailing Address	
Current Grade Level	Projected Graduation Date	Have you ever dropped out or considered dropping out of school? If so, when?			
Name of Employer			Work Phone # ()	Ext.	
Why do you want to enroll at Hope Academy?					
Have you received any special services at your previous schools such as Special Education or ESL?					
Are you currently on any type of probation? If so, name of probation officer.					
Who referred you to Hope Academy?					
_____ I verify that the above information is true and correct and will be used to determine my eligibility for enrollment.					
Section to be completed by a parent or Legal Guardian.					
Texas Driver's License Number	Signature			Printed Name	