



**Application for Admission**  
**International Student**  
**New Hope Academy**

Please ***print*** information.

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last (Family Name) First Middle Month Day Year

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birth Place \_\_\_\_\_  
City County/Province Country

Present School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Company Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Check if appropriate:**

Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_  
Parents separated \_\_\_\_\_ Father remarried \_\_\_\_\_ Mother remarried \_\_\_\_\_

List the last two schools that you have attended and the dates of attendance.

School Location Dates

School Location Dates

Has it ever been recommended that your child be assessed for:

Attention Deficit Disorder                      Yes ☐                      No ☐

Attention Deficit Hyper Activity Disorder                      Yes ☐                      No ☐

Emotional Problems                      Yes ☐                      No ☐

Learning Disabilities                      Yes ☐                      No ☐

Speech and Language                      Yes ☐                      No ☐

***If you have answered yes to any of the above, please provide supporting documentation.***

What, if any, evaluations have been completed? \_\_\_\_\_

If so, please explain the nature and type(s) of test(s). ***All testing and results must be submitted with the application packet.***

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Has your child ever been hospitalized for any emotional or psychological reasons? Yes ☐      No ☐

Has your child ever been suspended, expelled, or asked to withdraw from any school for any reason?

Yes ☐      No ☐

If yes, please explain \_\_\_\_\_

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Has your child ever repeated or skipped a grade? If yes, please explain \_\_\_\_\_

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Does your child have any physical challenges or limitations? Yes ☐      No ☐

If yes, please explain \_\_\_\_\_

Does your child have any allergies or medical conditions? Yes ☐      No ☐

If yes, please explain \_\_\_\_\_

Does your child take any medications?    Yes ☐                      No ☐

Condition \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_

All applicants must take the [S.L.E.P. test](#) (Secondary Level English Proficiency test)

Date test taken \_\_\_\_\_ Score \_\_\_\_\_

Please list any hobbies, talents or interests \_\_\_\_\_

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Please state in a few sentences why you would like to come to New Hope Academy.

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**NOTE:** The satisfactory completion of seventh grade in a recognized public, private or parochial school is necessary for admission to New Hope Academy. Evidence of such satisfactory work will be required before final acceptance of this application. **The withholding of information, or any deliberate misinformation provided on this application, if discovered at a later date, could result in dismissal from New Hope Academy.**

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Date	Applicant's signature

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Father's signature (or Guardian)	Mother's signature (or Guardian)

- All candidates for admission to grades 8-12 must:**
- Include Official Discipline Report
  - Complete all pages of this application form
  - Submit proof of satisfactory completion of work in the candidate's previous school
  - Include a transcript and a copy of the most recent report card
  - Provide 2 letters of recommendation from a Math teacher and a Language Arts teacher
  - Submit a copy of applicant's birth certificate
  - Provide record of eighth grade graduation (if applicable)
  - Submit a recent physical form or health record
  - Provide Host Family Name, Address, Telephone Number (if determined)
  - Copy of Passport/Visa
  - Provide financial documentation

*All application fees are non-refundable*  
*Application not valid until appropriate fees are paid*  
*\$100.00 application fee*