



**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
_____	_____	_____
_____	_____	_____

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

Attention Deficit Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention Deficit Hyper Activity Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning Disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech and Language	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.***

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 _____

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

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 _____

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

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.**

Date

Applicant's signature

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*