

Date of Application: _____ Last Grade Level Completed: _____

I. Student Information

Name (Last, First, Middle)		Date of Birth
Place of Birth (County, State, Country)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Social Security Number
Current Residence <input type="checkbox"/> Parent's Home <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> Other (please explain)		
Child's street address: _____		
City, State, Zip: _____ Phone: _____		

What interests you about Hope Technology School?

Mother's Information (Please indicate preferred method of contact.)

Name
Street Address
City, State, Zip
Home Phone
Pager or Cell Phone
E-mail address

Work Information

Name of Employer
Job Title
Street Address
City, State, Zip
Phone Number

Father's Information (Please indicate preferred method of contact.)

Name
Street Address
City, State, Zip
Home Phone
Pager or Cell Phone
E-mail address

Work Information

Name of Employer
Job Title
Street Address
City, State, Zip
Phone Number

II. School History

Name of Current School		Current Teacher's Name	
Street Address, City, State, Zip			
Phone Number	Date Started	Ending Date	
Type of School <input type="checkbox"/> Public <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Private		Current Grade Level or Last Grade Completed	
Type of Program (check all that apply) <input type="checkbox"/> Gifted and Talented Education (GATE)			
<input type="checkbox"/> Regular Education Classroom (single grade) <input type="checkbox"/> Regular Education Classroom (multiple grade class)			
<input type="checkbox"/> Regular Education Classroom/resource pull-out, specify subject for pull-out: _____			
<input type="checkbox"/> Special Day Class: _____ <input type="checkbox"/> In-Class Assistant (hours): _____			
<input type="checkbox"/> Special Day Class/some mainstreaming, specify mainstreamed subjects: _____			
If applicable, please indicate child's special need(s):			

Please check any areas of educational concern:

- Reading
 Mathematics
 Handwriting
 Spelling
 Understanding Directions
 Attention
 Work habits
 Health Issues (specify)

Other (specify) _____

Please specify services that your child currently receives or has received, and indicate if the services were provided by the school or privately, presently or in the past.

Service	School	Private	Name of Service Provider	Phone Number	Presently	Past
Speech/Language Therapy						
Tutoring						
Counseling						
Adaptive P.E.						
Occupational Therapy						
Physical Therapy						
Reading Resource						
Other:						
Other:						

Other Schools and Special Services:

Please list all schools, home programs, and services in which your child has been placed. Also indicate the type of program and the reason for discontinuation. (Please attach an extra sheet if needed.)

Name of School/Program	Type of Program	Grade(s)	Reason for Discontinuation

IV. Referral Source

Please provide the following information regarding the person who referred you to Hope Technology School.

Name	Relationship
Address	Phone

V. Medical History

Please provide this information as well as provide a current physical form from the child's physician.

Please check illness(s) that your child has or has had.

Condition	Has	Had (Dates)	Condition	Has	Had (Dates)
Allergies			Hepatitis		
Asthma			High Fevers		
Bronchitis			HIV/AIDS		
Cerebral palsy			Jaundice		
Chicken Pox			Otitis Media		
Cystic fibrosis			Seizures		
Diabetes			Special Diets		
Epilepsy			Gluten-free Diet		
Frequent Ear Infections			Casein-free Diet		
GI Tract Dysfunction			Other (specify)		

Current Medications:

Name	Dosage	Prescribed by:

* Please insert an extra sheet of paper, if necessary.

Serious Hospitalizations

Reason		
Age	Diagnosis	Duration

Reason		
Age	Diagnosis	Duration

Reason		
Age	Diagnosis	Duration

*Please insert an extra sheet of paper, if necessary.

Please describe your child's current health.

Generally excellent Good Fair Poor

Comments: _____

VI. Family History

Please list all family members, including siblings, step-parent(s), or guardians.

Name	Relationship to student	Age	Occupation/School

Is your child adopted? No Yes If yes, at what age?

Primary language: _____ Languages spoken in the home: _____

Does the child live with both birth parents? Yes No

Are the child's birth parents currently separated or divorced? Yes No

Are there any special custody arrangements? Yes No If yes, please comment: _____

The Hope Technology School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Hope Technology School, and the Hope Technology School does not

discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, or athletic and other school-administered program.