

ACADEMY OF HOPE

2012 - 2013

Student Application

Before completing the application, please read the instructions below.

1. **Eligibility for lottery.** This application is only for students entering Kindergarten, 1st, 2nd, 3rd or 4th grades for the 2012-2013 school year. Students will be admitted off of the waitlist on a first come, first served basis.
2. **Age.** Your application will only be accepted if your child turns five (5) on or before September 1, 2012. Proof of age will be required at registration.
3. **Complete.** Your application must be completely filled out to be considered for the lottery. If incomplete, your application may be ineligible for the lottery.
4. **Submitting your application.** Only one application per child will be accepted. All applications must be submitted by March 31, 2012.
5. **Information Sessions and Open Houses.** To learn more about The Academy of Hope and to meet school leaders, please consider attending an information session or open house. Details about those dates and locations can be found by visiting [wwwTheAcademyofHope.org](http://www.TheAcademyofHope.org).

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Student Name: _____
Last First Middle Preferred Name

Student Address: _____
Street Number/Name City, State Zip

Telephone: _____ Secondary Number: _____

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____
City State Country of Citizenship

Gender: Male _____ Female _____

During the 2012- 2013 academic year, will the applicant be in K /1st /2nd /3rd /4th /5th
If No, please do not continue with this application, your child does not qualify for enrollment at this time.

Current School: _____

School Location: _____

Street Number/Name

City, State

Zip

School Zoned (next academic year): _____

NOTE: Information collected on this application will not be used to discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, ancestry or athletic performance.

PARENT/GUARDIAN INFORMATION

(Note: Custodial Parent/Guardian information required in this section)

If applicant is currently homeless, please enter the address where s/he was last permanently housed or the address where temporary housing is located.

First Name: _____ Last Name: _____

Relationship to Student: Mother Father Step-mother Step-father Legal Guardian

Student's Home Address: _____

Email Address: _____

Home #: _____ Work #: _____

Cell #: _____

ALTERNATIVE CONTACT INFO

First Name: _____ Last Name: _____

Relationship to Student: Mother Father Step-mother Step-father Legal Guardian

Student's Home Address: _____

Email Address: _____

Home #: _____ Work #: _____

Cell #: _____

SIBLING INFORMATION

Under South Carolina State law, siblings are eligible for admission to The Academy of Hope charter school through sibling preference. A sibling is defined as a brother, sister, or other child legally under your care and residing in the same household. Sibling status will be confirmed before an applicant is selected in the lottery. Writing a sibling's name below does not serve as an application. You must fill out a SEPARATE application for each child. NOTE: This preference is available only if there is a vacancy available in the grade to which the student is applying.

Does the applicant have a sibling also applying to the Academy of Hope for 2012-2013?

Yes No

If yes,

Name: _____ Grade: _____

ADDITIONAL INFORMATION

The Academy of Hope is dedicated to serving ALL students including non-English speaking students and students requiring special services. Achievement First charter schools will not discriminate against any student, employee, or other person on the basis of national origin, ethnicity, gender, or disability or any other ground that would be unlawful if done by any other public school.

Race: Caucasian African American American Indian or Alaska Native
 Asian or Pacific Islander Hispanic or latino Other _____

What language is spoken in the child's home most of the time?

English Spanish Other _____

Does your child have an Individual Education Plan (IEP), a 504 Plan and/or require special services like speech therapy or occupational therapy? Yes No

SIGNATURE:

By submitting this form, I indicate my desire to enter my child into the lottery. I understand that admission is not guaranteed. I agree that the school records of the student for whom I am submitting this application may be used for studies of this charter school, even if the child is not given admission. I also understand that this information will be kept confidential and that, in these studies, only summary outcomes, not individual students' scores will be reported.

The Academy of Hope will not discriminate against any student, employee, or other person on the basis of national origin, ethnicity, gender, disability, or any other ground that would be unlawful if done by any other public school.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Applications must be submitted by close of business on June 1, 2012 to be entered into the lottery.

***This is a Public Charter Elementary School. Parents do not pay tuition for their child to attend.**

Please turn in the completed application or mail it to:

Academy of Hope Charter School
Admissions Department
PO Box 51082
Myrtle Beach, SC 29579
843-995-4861
www.TheAcademyofHope.org