



## 2020 – 2021 Enrollment Packet

Please complete all enrollment forms and return with proper documentation and payment to the Admissions office. Your Application will not be reviewed until application fee is received.

Hope Preparatory Academy  
13806 State Road 33  
Groveland, FL 34736  
Mrs. Tabatha 352-429-4722 x101  
E-Mail: [tfladger@gohopeacademy.org](mailto:tfladger@gohopeacademy.org)

Spring, 2020

Dear Future Family of Hope Preparatory Academy,

We are excited and grateful that you have chosen to become part of Hope Preparatory Academy. If you are interested in applying for the 2020-2021 School Year, registration is now open! We have limited space available. All spaces will remain opened until filled. In order for your 2020-2021 Registration to be complete, and a space reserved for your student(s), the following is required for each child to be registered:

- 1) Completely fill out this registration packet. Please make sure you have included and signed all acknowledgements and financial contract (found in the Registration Packet) and return to the Registrar. Include a registration check made payable to Hope Preparatory Academy and provide scholarship information. To find out if we have spaces available, please call the Admissions Office.
- 2) Set up an interview with the Principal, bring student and parent questionnaires with you.
- 3) Ensure all forms are completed, including the teacher's questionnaire, physician's report, and any other documentation requested. Timely submissions will ensure proper placement.
- 4) Use the checklist provided in the Enrollment Packet to ensure that all forms are completed, and the necessary documentation is gathered. Forward the completed Enrollment Packet and required documents to myself with payment.
- 5) All students invited to attend Hope Preparatory Academy will be assessed the first week of school. It is the parent's responsibility to ensure your child attendance during testing. This testing is simply to identify your student's level and tailor a plan specifically for them.
- 6) Visit our website, [www.gohopeacademy.org](http://www.gohopeacademy.org) and like us on Facebook!

We are excited to begin serving your family! If I can be of any service to you, please know the door is always open.

Leading in HOPE,

Randolph Waite

Head of Schools

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

ADMISSION PROCEDURES CHECKLIST

To complete the application process, it is important that you carefully follow this checklist. Registration will not be accepted and is not complete until all forms and payments are received. An incomplete registration package\*\* will not be accepted; it will be returned to you. Thank you for your understanding.

For Families new to Hope Preparatory Academy:

- Interview with the Principal
- Copy of the most recent Report Card
- Copy of most recent Transcript (High school only)
- Copy of any assessments, IEP's, etc. as applicable
- Copy of Birth Certificate
- Child(ren)'s Immunization record
- Placement Exam (Date to be taken \_\_\_\_\_)

Families – Forms to Submit to Hope Preparatory Academy:

- Copy of Scholarship.... Name of Scholarship \_\_\_\_\_
- Parent Information
- Parent Driver's License
- Student Information
- Transfer Information
- Transportation/Pick up Information
- Emergency Contact Information
- Medical Information
- Parent and Student Questionnaires
- Teacher's Questionnaire

Information and Acknowledgements for Families:

- Tuition and Fees
- Non-Discriminate Policy
- Uniform Policy
- Parent Code of Conduct
- Student Code of Conduct
- Photograph Permission Form
- Statement of Faith
- Internet Usage Policy
- Literary Policy
- Field Trip Permission Slip for the year
- National School Lunch Program Application

Families – Payment Agreements:

- Registration Check or Online Receipt
- Financial Contract/Payment Acknowledgement

Office Staff will check your registration package when you arrive to ensure all items have been received.

\*\*We will not accept incomplete registration packages

Office use only
Date received: _____
Payment received: _____
Interview scheduled: _____

**TUITION INFORMATION**

**TUITION BY GRADE LEVEL:**

K thru 5<sup>th</sup> Grade (Elementary): Annual Amount \$6,050  
 6<sup>th</sup> thru 8<sup>th</sup> Grade (Middle School): Annual Amount \$6,700  
 9<sup>th</sup> thru 12<sup>th</sup> Grade (High School): Annual Amount \$7,100

**NON-REFUNDABLE FEES:**

Application Fee: **New Students** \$100 Annual Fee (\$50 each additional sibling)  
**Returning Students** \$25 Annual Fee for returning students (Per student)

Curriculum, Testing, Technology Fee: \$750

After School **K-8<sup>th</sup> Only** (if applicable): \$65 per week

Athletic Fee (if applicable): \$100

**TUITION PAYMENT OPTIONS:**

Annual Payment: Full Amount Due by August 1, 2020 – 5% discount applies

Semi-Annual Payments: Due by August 1, 2020 and January 7, 2021 -3% discount applies

10 Monthly Payments: First Monthly Payment Due by August 15, 2020

Scholarships: We accept all scholarships. The parent is responsible for the remaining balance after the scholarship is applied. (Financial Contact).

Sibling Discounts: Full tuition on one student, \$250.00 off second child, \$300.00 off third or more

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**Tuition Refunds:**

Should you request a refund of tuition at any time in the year, there will be no proration of tuition in the refund; penalties will apply (Read Financial Contract). All Fees are non-refundable.

**Income Tax Reporting:**

Income tax receipts for tuition will be provided to families every March upon request. A portion of tuition paid may qualify for a charitable donation credit, childcare expenses, and the Children’s Fitness or Art Tax credit. The precise amounts will depend on the secular cost of education as determined by the State of Florida. The amounts paid in excess of this cost of education may be eligible for a tax credit. If you have any questions regarding your statement, please contact your tax preparer or your accountant.

**Federal Tax Deduction:**

School tuition and fees may be tax-deductible as medical expenses. Children who have been diagnosed as having a specific learning disability or attention deficit difference may qualify for deductions under the federal income tax regulations.

**Scholarship Grants:** Hope Preparatory Academy honors the following scholarships:

- Step Up, Gardiner Scholarship, McKay Scholarship, AAA Scholarship, HOPE

STATEMENT OF NON-DISCRIMINATION

- Hope Preparatory Academy welcomes and admits students of any race, ethnicity and national origin, and grants all the rights, privileges, programs and activities generally accorded or made available to their students.
- The school does not discriminate based on race, ethnicity, national origin, religious beliefs, in the administration of its educational policies, admissions policies or other school administered programs.
- Hope Preparatory Academy does reserve the right to use fair and appropriate selection criteria that reflects its stated goals and objectives in order to fulfill its purpose and academic standards. Using these criteria, Hope Preparatory Academy administration also reserves the right to reject a student applicant for enrollment if for any valid reason the student proves to be inconsistent or incompatible with their purpose and standards.

Parent Signature \_\_\_\_\_

UNIFORM POLICY/DRESS CODE

## Uniforms Are Required at all times

- All daily uniforms dress up uniforms, and outer wear (jackets and sweaters) must be purchased through Globalschoolwear.com or on campus store. All required items should be purchased. PE uniforms are purchased through the school.
  - Colors Required:
    - K-5 Gold
    - 6-8 Garnet
    - 9-12 Navy Blue

## Miscellaneous Dress Code/Appearance (Complete list found in Handbook)

- Uniforms should be nice and neat and not tight fitting.
- Students should be in school uniform
- No jogging pants or athletic apparel can be worn in the place of a school uniform
- Hats are not allowed to be worn inside the buildings
- No Tank Tops
- No Book Bags
- Students must wear closed toe shoes to school
- No High Heels
- No Cut up Jeans are allowed when administration allow jeans to be worn
- Belts should be worn daily with pants or shorts should.
- Absolutely no midriffs are to be shown or sagging of pants or shorts.

IMPORTANT! Every student must purchase at least 1 PE Uniform, 1 Daily Uniform and 1 Dress Up uniform in the correct color. Any hoodie or zippered jacket must also be purchased from Global Schoolwear.com.

Parents will be notified immediately to pick their student who attends school out of dress code. Dress code violations can lead to disenrollment of the Academy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT INFORMATION

Student lives primarily with:

- Both Parents
- Father
- Mother
- Other: \_\_\_\_\_

Best form of Communication: (Please Circle One) Phone Call      Text      Email

- Custody Agreement (Copy Required) \*\*  
 \*\*If parents do not live together, list both parent’s contact information so that both receive school related information. If a Custody Agreement is in place, a copy is required so that Hope Preparatory Academy can adhere to the Agreement. If no Agreement is in place, the school is not able to comply with parent requests and will abide by Florida Law (equal parenting).

Student’s Name:			
Address/City/Zip Code:			
	Father:	Mother:	Step-Parent/Other to contact for child(ren)
Parent’s Last Name:			
Parent’s First Name:			
Home Phone:			
Cell Phone:			
Work Phone:			
Email Address:			
Occupation:			
Employer:			
Social Security #:			
Driver’s License (Copy)	#	#	#

STUDENT INFORMATION

Student’s Last Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Grade Student Entering in 2020 \_\_\_\_\_ DOB \_\_\_\_\_

Has the student ever repeated a grade? \_\_\_\_\_

Circle if your student has a:    504    or    IEP

Has a learning disability been identified? Yes or No? IF you circled yes, please provide details below:

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TRANSFER INFORMATION If transferring

from another school:

Student Name: \_\_\_\_\_

Start date at Hope Preparatory Academy: \_\_\_\_\_

Name of Prior School: \_\_\_\_\_

School Principal: \_\_\_\_\_

Address/City/Zip Code: \_\_\_\_\_

Country (if outside the US): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Transportation Information:

Bus Service are provided for \$10.00 a week (If you use 1 day or all 5 days, the cost is weekly, not daily, balances do not carry over.)

We only provide bus services in the afternoon for dropping students off at home only. Will you be using

Hope Preparatory Academy Bus Services? Yes No (Circle One)

Who will be picking up your child(ren)?

- Father
- Mother
- Other: \_\_\_\_\_
- Walking (Please send a signed and dated note to school giving permission to walk)

Other persons who have permission to pick up your child(ren) – Name, Phone, and Relationship (please be advised ID will be required):

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STUDENT MEDICAL INFORMATION

Medical Information:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Name	Allergy	Anaphylactic allergy*? Any information regarding this allergy *If Yes, please provide the school with an epi-pen.

Medical Information – Parents to sign!

The only medications that will be administered by school personnel will be those which are accompanied by Hope Preparatory Academy Medication Administration Form signed and dated by a parent or legal guardian. Prescribed medications are to be in a pharmacy dispensation bottle. It is the responsibility of the parents(s)/guardian(s) to advise the school of any change in the above information.

In the case of an illness or emergency, every attempt will be made to contact the person(s) listed under “Emergency Contact Information/Primary Contact (other than Parent)”. If no one can be reached and responsible school personnel determine that immediate medical attention is warranted, I give permission for responsible school personnel to arrange for my child to be transported to a hospital for emergency medical or surgical treatment. I understand that any expenses incurred for such transportation/treatment are the responsibility of the child’s parent(s)/guardian(s). I have read and completed this form as accurately as possible.

\_\_\_\_\_  
Father/Guardian’s Signature      Date

\_\_\_\_\_  
Mother/Guardian’s Signature      Date

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION:

(At least 2 names and contact information must be given.)

Hope Preparatory Academy has a policy that all ill children must be picked up right away and kept at home until all symptoms are gone. It is our goal to maintain a healthy campus and your cooperation is appreciated. There are other times when a child must be picked up right away (i.e., lice, accidents, and so on). Please provide us with emergency contact information for your student. Provide an additional name if parents are not available.

In the event of an illness or emergency, every attempt will be made to contact the students' parents. This information will be photocopied and used for school trips.

PRIMARY CONTACT:

Name: \_\_\_\_\_

Relationship to the Family: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

SECOND CONTACT:

Name: \_\_\_\_\_

Relationship to the Family: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

ADDITIONAL CONTACT:

Name: \_\_\_\_\_

Relationship to the Family: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Additional Notes we need to know:

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