



2018 – 2019 Registration Packet

Please complete all registration forms and return with proper documentation and payment to the Registration office.

Hope Preparatory Academy
13806 A State Road 33
Groveland, FL 34736
Khrystyna McCoy 352-557-4959
Fax: 407-386-6069
E-Mail: kmccoy@gohopeacademy.org

Spring, 2018

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 2018-2019 School Year, registration is now open! We have limited space available. All spaces will remain opened until filled. In order for your 2018-2019 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 Registration Packet to ensure that all forms are completed and the necessary documentation is gathered. Forward the completed Registration Packet and required documents to the School Registrar 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. We encourage proper test conditions and full effort be practiced.
- 6) Visit our website, 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,

Khristyna McCoy
Admissions Director

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 and copy of Driver's License
- Parent Driver's License
- Student Information
- Transfer Information
- Transportation/Pick up Information
- Emergency Contact Information
- Medical Information
- Parent and Student Questionnaires
- Teacher's Questionnaire
- Psychological and Physician's Questionnaire

Information and Acknowledgements for Families:

- Tuition and Fees
- Before and After Care
- 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
- ACH Debit Form or Payment Plan form

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 5th Grade (Elementary): Annual Amount \$6,000****6th thru 8th Grade (Middle School): Annual Amount \$6,300****9th thru 12th Grade (High School): Annual Amount \$6,700****NON REFUNDABLE FEES:**

Application & Endowment Fee:	Due Upon Receipt of Application \$99.00 Annual Fee (\$50.00 each additional sibling)
Registration & Enrollment Deposit	Due August 1, 2018 \$950.00 Annual Fee (Applies for August 2018 through May 2019)
Transportation Fee:	Due August 1, 2018 \$100.00 Annual Fee (Applies for August 2018 through May 2019)
Curriculum: Material & Lab Fee:	Due August 1, 2018 \$450.00 Annual Fee (Applies for August 2018 through May 2019)
Testing Fee:	Due August 1, 2018 \$100.00 Annual Fee (Applies for August 2018 through May 2019)
Tutoring Fee:	Due August 1, 2018 \$50.00 Weekly Fee (As needed/requested)
Fieldtrip Fee:	Due August 1, 2018 \$100.00 Annual Fee (Applies for August 2018 through May 2019)
Paraprofessional/Shadow:	Annual Amount \$15,000 (As needed/requested August 2018-May 2019)

Please note, fees are not refundable**BEFORE AND AFTER CARE PROGRAM:***Before School Care Program:* Program begins at 7:00 a.m. - 7:45 a.m. \$15.00 a week or \$5.00 a day (drop in fee)*After School Care Program:* Runs from 2:45 – 5:00 p.m. \$50.00 a week or \$15.00 a day (drop in fee) - If your student is not picked up by 5:00 pm, please know you are responsible to pay \$1.00 a minute directly to the aftercare staff for their time.*After/In School Tutoring Services (billed as used):*

- Billed As Used

After/In School Counseling Services:

- \$75 per session (billed as used)

After School Sports: Hope Preparatory Academy will be offering limited sports (What sports and Fees TBD). Students are still allowed and will be bused to the zoned school for sports of their choice.*After School Enrichment Program:* Hope Preparatory Academy will be offering a variety of afterschool clubs and classes beginning in September.

Tuition can be paid as follows and amounts are affected by the payment method and number of siblings enrolled from each household.

How to calculate your 2018-2019 Parent Tuition:

Middle School Example: Tuition \$6300 + Highlighted Fees \$750 = \$7050 Minus Scholarship \$6815 = Parent Tuition \$235.00, which can be paid in full or broken up into 10 monthly payments.

TUITION PAYMENT OPTIONS:

Annual Payment: Full Amount **Due by August 1, 2018 - 5% discount applies**

Semi-Annual Payments: **Due by August 1, 2018 and January 7, 2019 -3% discount applies**

10 Monthly Payments: **Due by August 15, 2018**
(Pre-authorized ACH Required
August 15, 2018 through May 15, 2019.)

Scholarships: We accept all scholarships. The parent is responsible for the unpaid balance via pre-authorized ACH Debit on agreed-terms (Financial Contact).

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

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, child care 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

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 on the basis of 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 Jackets must be purchased through globalschoolwear.com. 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.
- 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: _____ Student's First Name: _____

Does Student have a cell phone? _____ Student's Cell Phone: _____

Please indicate 'Yes' or 'No'. If 'Yes', please provide documentation and provide details:

Student's First Name	Grade for 2018-2019	DOB (M/D/Y)	Repeated any Grade? Yes or No	*504 Yes or No	*Psych Ed or IEP Yes or No	*Identified learning disability Yes or No	*Provide dates and details accordingly

*If Yes, attach documentation:

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. Additionally 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 in the extended care program and 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:

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):

**Financial Contract
2018-2019**

- 1.) Registration, curriculum, and all fees are non-refundable.
- 2.) The tuition is to be paid in one the following payment plan choices. If you are unsure of your plans, please choose the default option of 10 monthly payments (Choice 3).
Please choose one of the following:
 - Choice 1: Pay annual tuition in one payment with a 5% discount off tuition only if paid on or before August 15th.
 - Choice 2: Pay annual tuition in two payments with a 3% discount off tuition only. ½ of annual tuition is due on or before August 15th with remaining balance due on or before January 15th.
 - Choice 3: Pay annual tuition in 10 monthly payments of equal amount (August thru May). I understand that if I choose this option, I must sign up for automatic tuition withdrawal in which tuition, before and after care charges, and all other fees are automatically deducted from a checking or savings account.
- 3.) Prepaid monthly tuition, early bird and after care fees are not subject to prorating or refund.
- 4.) Yearly prepaid tuition is refundable subject to a 25% cost if date of cancellation occurs on or before the last day of the 1st semester and 35% cost if date of cancellation is on or after the first day of the 2nd semester.
- 5.) Payments are due on the 15th of each month. A late fee of \$30.00 will be assessed on the 16th. If payment is not received by the 15th of the month, a letter will be sent home requesting payment in full by the end of the month or the child will not be permitted to return to school on the 1st of the following month.
- 6.) All payments returned for non-sufficient funds will be subject to a \$35.00 fee.
- 7.) The school reserves the right to charge for field trips and other incidentals that are not included in the tuition, such as: extended care, early bird, pizza lunch, class and school pictures, etc.
- 8.) Fees are not eligible for discounts. Scholarship recipients may not be eligible for additional discounts.
- 9.) The school reserves the right to pursue collection efforts if the balance of unpaid tuition remains delinquent after several attempts at collection.

Scholarship Families Only: Additional clarification for the Scholarship Programs of the State of Florida:

- 1.) Hope Preparatory Academy accepts Step Up for Students, income-based scholarships, McKay Scholarships, Step Up for Student’s Gardiner Scholarship and AAA Scholarship.
- 2.) The awarded scholarship will be assigned as a tentative credit to your student’s account.
- 3.) The Parent is responsible to pay the difference (via any choice above) after all tentative aides, fees, and credits have been entered.
- 4.) The school reserves the right to charge for field trips and other incidentals that are not included in the tuition, such as: extended care, early bird, pizza lunch, class and school pictures, after school enrichments, etc.
- 5.) Parents are responsible to come into the office within 5 days of scholarship checks arrival. The parent further agrees to endorse each check and keep up with the proper documentation to keep their student’s scholarship active.
- 6.) The parent also agrees to approve invoices for the Gardiner Scholarship within 3 days of submission.

PARENT PAYMENT AGREEMENT

We understand that enrollment at Hope Preparatory Academy may be terminated for non-payment of any tuition and/or fees. We agree that we will be fully responsible for the required payments of all amounts as detailed on the Financial Contract found in this package and submitted at the time of registration.

We understand that if one or more of our children leave the school, we remain responsible to pay any outstanding fees in full, before our child’s departure, in accordance with the Tuition Refund Policy outlined in the Financial Contract.

We agree that enrollment for the 2018-2019 year is confirmed only upon receipt by Hope Preparatory Academy of the completed application forms and all payment options documents. Registration packages will be returned to parents if not fully completed.

We hereby agree to make the required payments to Hope Preparatory Academy as noted above.

Father/Guardian’s Signature

Date

Mother/Guardian’s Signature

Date

ACH Debit Form

Dear Parent,

We are excited to offer the convenience of automatic tuition payments. As a reminder, all monthly tuition payments must be paid via automatic withdrawal. You will not need to remember your checkbook or write a check as you are picking up or dropping off your child. Your account will be safely and securely debited on the 7th of each month, giving you peace of mind knowing your tuition is paid when it's due and avoiding costly late charges.

If you choose not to participate in the automatic tuition payment program, tuition must be paid either annually or semi-annually.

Please complete the enrollment form below, attach a voided check, and return to the office.

I (we) authorize Hope Preparatory Academy to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution indicated below. I (we) authorize Hope Preparatory Academy to withdraw sufficient funds to pay my (our) regular student tuition and/or any other school related fees that are due and payable for:

_____ Grade _____
 Student's Name

Parent (s) Name & Phone Number

_____ Phone Number
 Name

Address, City, State, Zip

Checking Savings

Depository – Bank or Credit Union Name (Please attach a voided check or deposit slip)

Account Number Routing Transit Number:

_____ Routing Number
 Account Number

****Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments****

This authorization will remain in full force and effect until I (we) notify Hope Preparatory Academy in writing of its termination. Notices must be received at a minimum of 5 business days in advance of the termination date.

_____ Date
 Signature Signature Date

Check here if you would not like to receive a printed statement each month.

**** Checks returned for any reason will be assessed a \$35.00 Return Check Fee. (Will be billed to your account and will show on your monthly statement.)

STATEMENT OF FAITH

1. We believe in Salvation through confession of Jesus Christ as Lord and Savior. (Acts 4:12; Romans 10:9-10; John 14:6)
2. There is only one living and true God. There are three persons in the Godhead: the Father, the Son and the Holy Spirit. (Genesis 1:2,27; Matthew 28:19; I John 5:7)
3. We believe the Holy Bible to be the inspired Word of God. (II Timothy 3:16; II Peter 1:20,21)
4. We believe Jesus Christ, conceived of the Virgin Mary, is the only begotten Son of the Father. Jesus was crucified, buried and rose from the dead. He ascended to heaven and is today at the right hand of the Father as the Intercessor. (Luke 1:26-33; Hebrews 7:25)
5. We believe we are justified (declared righteous under the blood of Jesus) when we repent of our sins and believe in Jesus Christ. (Acts 13:38,39; Romans 5:1; I Corinthians 6:11; Mark 1:5)
6. We believe in Baptism of the Holy Spirit. We believe in the operation of the nine Gifts of the Spirit and encourage our people to live so that these gifts may be manifest in their lives. (Acts 2:4; Acts 10:44-46; Acts 19:6; I Corinthians 12:4-11)
7. We believe in water baptism by immersion in water in the name of the Father, the Son and the Holy Ghost. (Matthew 3:11; Matthew 28:18-19; John 14:6)
8. We believe in divine healing for the body. However, we encourage and do not condemn medical science. (Acts 3:2-12; Acts 5:15, 16; James 5:14-15)
9. We believe every blessing we receive from God comes through the merits of The Atonement (Jesus' complete sacrifice for us on Calvary). (Romans 5:11; James 1:16,17)
10. We believe in the Second Coming of our Lord, Jesus Christ. (Acts 1:10,11; I Thessalonians 4:13-18; Revelation 1:7)

Statement of Faith

I have read Hope Preparatory Academy Statement of Faith, and consent to my child(ren) being taught using materials based on these statements.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

PARENT CODE OF CONDUCT

- I agree to support the Administration in any disciplinary action necessary for our children.
- I agree to have our child(ren)’s previous school record transferred to Hope Preparatory Academy.
- I agree to allow our child(ren) to participate in any school activities/class or sporting trips at or away from school. We will not hold the school responsible for any accidents, illness or injuries of any nature.
- I agree and understand that most communication will be made via email through the schoolworx portal. I agree to check my email daily and report immediately if I am unable to access the portal.
- I will strive to build up the school in my discussions and interactions with persons in the school, community, and any forms of social media.
- If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved and will bring the matter to the attention of the assigned school Principal.
- I will show an active interest in my child’s school work and progress.
- I will help my child be neat, appropriately dressed and prepared for school.
- I will ensure that my child attends school regularly and on time.
- I will promptly report to the school my child’s absence or late arrival.
- I will assist school staff in dealing with disciplinary issues.
- I accept that the school reserves the right, at the discretion of the administrator(s), to remove a student from the school whose parents continually fail to support the administrator(s), teachers and staff.
- If my child is removed from the Academy, I will not slander the schools name or any of its employees.
- My child(ren) will make restitution for any damage they cause to property.
- I will fulfill all of my financial obligations to the school on or before the dates due.
- I will uphold in prayer all efforts of Hope Preparatory Academy.

Parent Code of Conduct

I have read the policies referred to and I agree to abide by the following school policies/guidelines which are detailed in the Parent Handbook. I also understand that our child(ren) may be assigned a school login, password and/or email account and that they will be held accountable for using these in a manner appropriate for Hope Preparatory Academy.

Father/Guardian’s Signature

Date

Mother/Guardian’s Signature

Date

STUDENT CODE OF CONDUCT

- I will obey, be respectful, cooperative, and polite to all students and adults in a position of authority at Hope Preparatory Academy.
- I will respect school property and the property of others at all times.
- I will comply with the school Uniform Policy/Dress Code.
- I will come to school prepared, on time and ready to learn.
- I will refrain from bringing anything to school that may compromise the safety of others.
- I will follow the established rules and take responsibility for my own actions.
- I will remain on school property at all times, unless arrangements have been made through the office.
- I will not bring to school, or use any illegal substances, weapons (including knives), alcohol, tobacco products, firecrackers(any explosives), lighters or matches while I am at school or on any school trip or event. In doing so and caught, I understand I can be removed from the Academy.
- I will not make obscene gestures, take part in any sexual misconduct, lie, curse, use foul language or use the name of God inappropriately while I am at school or on any school trip or event.
- I will refrain from bullying, fighting, rough play, and any other inappropriate physical contact while I am at school or on any school trip or event.
- I will refrain from listening to music that sends a bad message and or use of foul language while at school.
- I understand that the school reserves the right to suspend or expel any student who fails to abide by the Student Code of Conduct.
- I will abide by the Internet Usage Policies set forth by Hope Preparatory Academy.

Student Code of Conduct **Please note ALL students must sign this Policy.*

I/We have reviewed the Student Code of Conduct with my child(ren) and he/she/they agree to abide by it.

Student Signature

Date

Principal/Administrator Signature Date

Father/Guardian's Signature

Date

Mother/Guardian's Signature Date

INTERNET ACCEPTABLE USE POLICY

It is the goal of Hope Preparatory Academy to provide a world-class education to all students. The Internet is one of the many information resources available to students as part of that process. Through the Internet, students can access data from colleges and universities, scientific research facilities, government resources and many other informative sites throughout the world. While there is an enormous amount of useful and valuable information available, access brings with it the potential for misuse and abuse due to the global nature of the Internet and the lack of effective control over its content.

Our Technical Team at Hope Preparatory Academy has made every reasonable effort to ensure the Internet is used responsibly by setting up parental controls and safety nets. This school will take every reasonable step to control access to inappropriate material. We expect all students to use the Internet in an appropriate and responsible manner for educational purposes only. Access to the Internet is a privilege offered to the students at the discretion of the administrators, teachers, and staff at Hope Preparatory Academy. While at school, students may only log on using a school provided account, and may not use personal or home accounts. In the event your student receives phone/tablet with cellular capabilities privileges on campus, it is understood that anything outside of the school's network, which is protected by firewall and safety nets, parents will ultimately take full responsibility for what their student can and cannot do on their personal devices. An additional area where parents will be fully responsible will be in the usage of social media. The family's choice to allow their student to have an active social media account is a personal decision and Hope Preparatory Academy will abide by their choices. However, students will not be allowed to post or actively engage in social media while on school campus or school event without explicit permission. Students are not allowed to take or post photos or videos while on campus or at any school event; these are strictly prohibited without explicit permission from administration.

Hope Preparatory Academy's student account is to be used for educational purposes only, including research for school projects and intellectual inquiry. Students are not to transmit, receive, submit, publish or otherwise access information deemed inappropriate, including, but not limited to, material that is defamatory, inaccurate, abusive, obscene, profane, racially, or gender offensive, unethical, sexually oriented, or illegal. Game playing is prohibited without proper permission and may only be used in our designated area for gaming. Hacking (any attempt to gain prohibited access to or malicious attempt to harm or destroy data or to upload, download or otherwise create computer viruses) will not be tolerated. Students are expected to conform to accepted social behavior in their use of the Internet. Users shall refrain from plagiarizing the works of others obtained over the Internet and are to respect copyrighted material and to properly credit all works cited from Internet resources. Students must immediately notify a teacher if a security problem is discovered. Inappropriate behavior on the part of any student while using Hope Preparatory Academy's Internet will result in the loss of Internet access privileges for that student. Additional disciplinary action may be added and under appropriate circumstances, law enforcement officials may be notified.

Hope Preparatory Academy reserves the right to log network use, monitor files and file space, thus students should not expect their use to remain private. Hope Preparatory Academy reserves the right to modify these guidelines at any time.

At Hope Preparatory Academy, we are going to offer students supervised access to the Internet. As part of our policy to allow use of the Internet, all students must now obtain parental permission. Both they and you must sign the appropriate form as evidence of your approval and their acceptance of the school rules on this matter.

We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed the disadvantages. But ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the school supports and respects each family's right to decide whether or not to apply for access.

Parent AND Student Agreement to Internet Acceptable Use Policy

** Please note ALL parents and students, must sign this Policy*

Student: As a school user of the Internet, I have read the Internet Acceptable Use Policy and agree to comply with the school rules on its use. I will use the network in a responsible way and observe all the restrictions explained to me by the school.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Student Signature

Date

Administrator's Signature

Date

Parent: As the parent of the pupil signing above, I have read the Internet Acceptable Use Policy and I grant permission for my son or daughter to use the Internet within school. I understand that pupils will be held accountable for their own actions. I also understand that some materials on the Internet may be objectionable and I accept a shared responsibility with the school for setting standards for my daughter or son to follow when selecting, sharing and exploring information and media.

Student Signature

Date

Administrator's Signature

Date

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

LITERARY POLICY

At Hope Preparatory Academy, we believe that literature is an integral part of a well-rounded education. Through books, students can experience the world in ways they ordinarily could not, allowing them to develop a keen understanding of and appreciation for diverse cultures, perspectives, and ideas, all taught through a Biblical worldview.

In keeping with national and state standards, we teach from a diverse range of literature, including both Christian and secular titles. We are committed to teaching all literature through Biblical integration, helping our students practice discernment and develop a strong Christian worldview. We invite and encourage parents to read along with your children, so that you can become an important part of the great conversations that spring from great literature.

I/We have reviewed the Literary Policy and we agree with, and trust Hope Preparatory Academy with my child(ren)'s reading selections.

Student Signature

Date

Administrator's Signature

Date

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

PHOTOGRAPHY PERMISSION FORM*

Do we have your permission to use your child(ren) for promotional imaging and media related activities to be used in, but not limited to, newspapers, website, videos, social media, and consumer displays/shows?

**Student's full name would not appear with their photo outside of yearbook.* Yes No (Circle One)

Do we have your permission to use your child (ren)'s photo in internal products such as the Weekly Principal's Corner, Hope Preparatory Academy Newsletter, Yearbook and internal slideshows?

**Student's full name would not appear with their photo outside of yearbook.* Yes No (Circle One)

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

PARENT QUESTIONNAIRE

Student Name: _____ **Grade:** _____

Parent Name: _____ **Date:** _____

Please complete and return at your earliest convenience. This information will be included in the evaluation report. Thank you.

- What is the student’s current living situation? _____

- What are the student’s responsibilities at home? _____

- ✓ Does he/she need reminders? _____

- ✓ How much support does he/she need? _____

- What does the student do well at home? _____

- How does the student prefer to spend his/her spare time? _____

- How do you feel the student is doing in school? _____

- ✓ What seems to work well? _____

- ✓ What seems to work not as well? _____

- What are your current concerns for your son/daughter? _____

- What are your long-term goals for the student? _____

Is there anything else that we should know about your son or daughter? _____

STUDENT QUESTIONNAIRE

Student Name: _____ **Grade:** _____

Prior School: _____ **Date:** _____

Instructions: Students who are able to complete this questionnaire alone should. Students who need help may work with parent/guardian to complete this questionnaire.

Tell me about you:

- What do you like to do in your free time? _____

- What makes you angry or upset? How do you usually handle your anger? _____

- What makes you happy or feel good about yourself? _____

- What do you do well? _____

- Do you have many friends? _____

- What do you and your friends like to do together? _____

Tell me about school:

- How are you doing in school? _____

- What do you like best/least about school? _____

- What do you think your strengths are in school? _____

- What are areas you need to work on? _____

- Could you be doing better in school? _____

- What do you think you need to do to be more successful in school? _____

- If you could change anything about school, what would you change? _____

Tell me about home:

- Who do you live with? _____

- How do you get along with your parents? _____

- How do you get along with your siblings? _____

- What kinds of things does your family do together? _____

- Is there anything else you want to tell me? _____

TEACHER QUESTIONNAIRE

To the Parent:

Please complete the top section of this form and send it directly to a teacher who knows the applicant well. It is understood that the information released will remain confidential.

Student's Name _____ Student Currently in Grade _____

Parent's Signature _____ Date _____

Teacher's Name _____

To the Teacher:

The above named student has applied for admission to Hope Preparatory Academy. We would appreciate your assessment of the student. Your evaluation will be given full consideration and will be kept confidential. Thank you for your time and effort in completing this form.

	Above Average	Average	Below Average	Unable to Rate
Academic Potential				
Academic Performance in Reading				
Academic Performance in Written Language				
Academic Performance in Math				
Motivation				
Attention				
Organization				
Cooperation				
Respect for Authority				
Peer Relationships				
Maturity				
Ability to Work Independently				
Verbal Communication Skills				
Social Skills				

Please comment on the student's specific areas of strength: _____

Please comment on the student's specific areas of weakness: _____

**TEACHER
QUESTIONNAIRE**
(Continued)

Please comment on the student’s behavioral characteristics related to the classroom and to others.

Keeping in mind that Hope Preparatory Academy offers a structured flexible learning environment for students who typically have been diagnosed with learning disabilities, learning differences, or attention deficit disorder; do you consider this student an appropriate candidate for Hope Preparatory Academy?

- Yes, confidently Yes, with reservations* Do not recommend

*Please explain: _____

Additional Remarks: _____

Teacher’s Name: _____ Title or Position: _____

How long have you known the applicant? _____ In what capacity? _____

School: _____

Telephone: _____ E-Mail: _____

School Address: _____

Signature: _____ Date: _____

After completion, please return this form directly to:

Hope Preparatory Academy
13806 State Road 33
Groveland, FL 34736
Phone: (352) 557-4959
Fax: 407-386-6069
E-Mail: kmccoy@gohopeacademy.org

**REQUEST FOR RELEASE OF
DIAGNOSTIC/PSYCHOLOGICAL QUESTIONNAIRE
INFORMATION**

To the Parent:

Please complete this form and send it directly to the Psychologist or Psychiatrist who most recently diagnosed your child’s learning disability, attention deficit disorder, or any other disability.

I hereby authorize

_____ (Insert name of psychologist or psychiatrist here)

To release information from the record of

_____ (Insert full name of child here)

To:

After completion, please return this form directly to:

Hope Preparatory Academy

13806 State Road 33

Groveland, FL 34736

Direct Number: (352) 557-4959

Fax: 407-386-6069

E-Mail: kmccoy@gohopeacademy.org

It is understood that the information will remain confidential.

Parent’s Signature _____ Date: _____

**REQUEST FOR RELEASE OF
DIAGNOSTIC/PSYCHOLOGICAL QUESTIONNAIRE
INFORMATION – (Continued)**

To the Psychologist or Psychiatrist:

The above named student has applied for admission to Hope Preparatory Academy. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to Hope Preparatory Academy at the above address.

Information Requested:

1. Assessment of intellectual functioning preferably based on the WISC-1V or a similar assessment. (Please include scaled subtest scores.)

2. Assessment of current social and emotional functioning noting any significant psychological problems and/or results of projective testing.

3. Assessment of perceptual processes.

4. Assessment of academic functioning.

PHYSICIAN'S REPORT

To the Parent:

Please complete this form and send it directly to your child's Physician. It is understood that the information released will be remain confidential.

Student's Name _____ Student Currently in Grade _____

Parent's Signature _____ Date _____

Physician's Name _____

To the Physician:

The above named student has applied to Hope Preparatory Academy. We would appreciate any information that you may be able to share with us.

1. Medical History:

Serious Illnesses _____

Hospitalizations _____

Accidents _____

Allergies _____

Physical Handicaps _____

Seizure Disorder _____

Asthma _____

2. Medications:

Please list any medications and dosages currently given for ADD, ADHD, seizures, or any disorder of a similar nature: _____

_____ If the child is currently taking any other type of medication? Yes No (Circle One)

For what reason? _____

PHYSICIANS REPORT

(Continued)

- 3. Immunization Record (Please attach most recent immunization record.)
- 4. Date of most recent physical exam? _____
- 5. Additional remarks: _____

Physician's Name: _____ Phone Number: _____

Address: _____

Signature: _____ Date: _____

After completion, please return this form directly to:

Hope Preparatory Academy
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Groveland, FL 34736
Direct Number: (352) 557-4959
Fax: 407-386-6069
E-Mail: kmccoy@gohopeacademy.org

REQUEST FOR RELEASE OF SCHOOL INFORMATION

To the Parent:

Please complete this form and send it directly to the current school or last school attended by your child.

I hereby authorize

_____ (Insert Name of School)

To release information from the record of

_____ (Insert the full name of the child.)

Send to:

After completion, please return this form directly to:

Hope Preparatory Academy
13806 State Road 33
Groveland, FL 34736
Direct Number: (352) 557-4959
Fax: 407-386-6069
E-Mail: kmccoy@gohopeacademy.org

To The School:

The above named student has applied for admission to Hope Preparatory Academy. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

School Information Requested:

1. Final Report Card
2. A copy of all psychological and achievement evaluations
3. Individual Education Plan/ 504 Plan
4. Teacher, guidance Counselor and/or other staff comments
5. Any available dated samples of child's work
6. Scores from End-of-Grade Testing/Writing Test
7. Scores from Competency Test, End-of-Grade Course Testing, Standardized Test
8. Behavioral Report