

Name of student:

# Student Application

For school years  
2011/12 and 2012/13



Please return this booklet, *plus the items listed on page 13*, to:

Richard Chapman  
Administrative Offices  
100 W. Coulter Street  
Philadelphia, Pa 19144-3402  
Tel: 215 849 2112 ext 5112  
Fax: 215 849 0393

School Address:  
2116 Haines Street  
Philadelphia, Pa 19138

For admissions information: 215 849 2112 ext 5112

or email any questions to: [chaprich@hotmail.com](mailto:chaprich@hotmail.com)

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## Important Information

### Mission of the HOPE Charter School

HOPE Charter School is an educational setting that is wholly configured to meet the unique needs of students who are not currently succeeding in their conventional school, may not be attending school or attending sporadically, and/or may be in danger of leaving school prior to their graduation. The school provides an environment that is designed to meet the unique and comprehensive needs of these at risk students by utilizing small learning groups and individual interaction of students with a multi-disciplinary staff that is trained and committed to successfully educating each of these students.

### Admissions policy

**When does HOPE begin accepting applications for each year?**

*We will accept applications for the upcoming two years at all points during the year.*

**Are applications accepted over a limited time span, or are they accepted at any time?**

*We confirm acceptance after the end of each enrollment period, which is December 31st. Following that date, if we still have available space, we will accept on a first-come, first-served basis.*

**If more applications are submitted than spaces available, what is the process?**

*We would have a "lottery" during early January, per the above policy. A lottery means that names are randomly selected by a neutral party in a public process.*

**Does HOPE CS create a waiting list, if applicable?**

*We create a waiting list for each grade.*

**How long is the waiting list valid?**

*Till the end of the school year only. You need to submit another application for the following year, if we do not come to your child's name on our waiting list.*

**What happens if a slot becomes available during the year?**

*A letter is sent to all parents who have students on the waiting list, asking them to respond if they are still interested. If we do not get a response from the parent, or if the student is accommodated elsewhere, we will go to the next name on the list and the student's name will be removed from the list.*

*We accept in the order in which the applications are dated. If you do not date the application, we will use the date received by the school.*

**Does HOPE CS ever admit students exclusive of the lottery and/or waiting list?**

*We admit the sibling of an existing student if we have space. But no other students are admitted until the waiting list is exhausted, unless the waiting list is shorter than the number of slots per grade available.*

### Please read.....

- All incoming students are tested as part of the application/admissions process. The test is short and is in reading and math. Admission is not contingent on the result of testing, and testing is done to determine appropriate class placement and the academic needs of the student.
- You must send all documents that are listed on the back page of this application.
- A Physical Form and Student Statement form are included in this packet. Please note the child's physical must have been done within 4 months of the admission date.
- Please remember that both parent and student must sign this application.

*The HOPE Charter High School will not discriminate in admission, educational programs, or activities, based on race, color, religion, national origin, ancestry, physical handicap, gender, sexual orientation, or limited English proficiency. This policy of non-discrimination extends to all other legally protected classifications.*

*HOPE Charter School will consider your application without regard to special education status or other details that you have provided us in this application. All information requested is so that we can provide the best possible educational services for your child.*

Name of student:

DATE OF APPLICATION:

DATE WHEN YOU WISH STUDENT TO START AT HOPE:

## Student Information

### Student's Name

Last name:

First name:

Middle initial:

Known by any other name on school records:

### Student's Home Address

Street:

City:

State:

Zip:

### Student's Age

### Student's Grade

Date of birth:

For 2011/12: circle which: 9th 10th 11th 12th

Age:

For 2012/13: circle which: 9th 10th 11th 12th

Please note that the student grade level will be determined by the number of credits earned according to official documents received during the admissions process, including but not limited to the Philadelphia School District Computer Network, and official school transcripts from any charter, private, alternative, out-of-state, placement and cyber schools.

### Other student information

Student's first language: English  Other  state language:

Social Security number:

Male:

Female:

Student's email address (if applicable):

Name of student:

## Parent/Guardian Information

### Student lives with ....

- Both parents
- Both parents alternately
- Mother only
- Father only
- Legal guardian
- Other family member
- Foster parent
- Group home parents
- On own

Are there any special custodial court instructions?

- Yes
- No

Name of student:

**Father**

Father's name:

Father's address:

Home telephone:

Work telephone:

Cell phone:

Email address:

**Mother**

Mother's name:

Mother's address:

Home telephone:

Work telephone:

Cell phone:

Email address:

**If student does not live with parent ....**

Name of person who has assumed parental responsibility:

\_\_\_\_\_

Relationship:

- Grandparent
- Sibling (sister or brother)
- Aunt
- Cousin
- Foster parent
- Houseparent
- Other \_\_\_\_\_

Address:

Home telephone:

Work Telephone:

Cell phone:

Email address:

Name of student:

## Emergency contact information

This information is needed in case there is an emergency in school and we cannot reach you at home.

### Information about emergency contact (1):

Name of person:

Relationship to student:

Home phone:

Cell:

Work:

### Information about emergency contact (2):

Name of person:

Relationship to student:

Home phone:

Cell:

Work:

### Information about emergency contact (3):

Name of person:

Relationship to student:

Home phone:

Cell:

Work:

## Other contact information

Only complete this section if the student is "in care", is receiving counseling or therapy, or if your family is receiving help or assistance from an agency. This helps our social workers to coordinate services, so that we can better serve your child.

Student in care (foster care or group home care)

Student / family receiving counseling services

Name of agency:

Name of agency:

Name of social worker:

Name of counselor/therapist:

Telephone number:

Telephone number:

Name of student:

# Authority to pick up student

Your child will not be permitted to leave the school building during school hours unless accompanied by a person you authorize, listed below. This person must be a responsible adult. The person will have to show photo ID.

I authorize the following persons to pick up my child in the event of sickness or other problem:

**Name:** Relationship:  
Home tel: Work tel:  
Cell:

**Name:** Relationship:  
Home tel: Work tel:  
Cell:

**Name:** Relationship:  
Home tel: Work tel:  
Cell:

**Name:** Relationship:  
Home tel: Work tel:  
Cell:

**Name:** Relationship:  
Home tel: Work tel:  
Cell:

Name of student:

**School District of Residence and Current/Former School**

**Your current school district and your neighborhood school**

Philadelphia School District    Other school district: \_\_\_\_\_

**Neighborhood school** What is the name of your local neighborhood school ie. the school your child would have attended if not coming to HOPE Charter?  
\_\_\_\_\_

**List all schools attended, including elementary schools**

Name of school Go from most recent school attended (or current school) to earliest	Type of school P = public C = charter NP =non-public O= other	Level of school E = Elementary H = High School	Dates of attendance	Phone number	Fax number

**If student not currently enrolled**

- Re-enrolling drop-out
- Other reason: \_\_\_\_\_

Name of student:

## Special education services

This section is optional. You do not need to inform us at the point of application, **and we will not take special education status into account as we do our enrollment process.**

Was/Is your child receiving special education services based on an **Individual Educational Plan (IEP)**:

Yes  No

If "yes", do you have the IEP:

Yes  No

If known, briefly describe the school placement recommended:

If not currently receiving special education services, do you wish for your child to be evaluated for such services?

Yes  No

## Other service requests

There are some services available at school.

Please let us know if you think that your child might need:

career counseling

social work counseling

therapy

tutoring or extra help

parenting education

other. Specify: \_\_\_\_\_

Please give us some more information about any of these areas above:

Name of student:

## Some basic medical information

This information is kept confidential and is requested so our school nurse can better respond to an urgent medical situation.

### Student's doctor

Name of student's doctor:

Address of student's doctor:

Phone number of doctor:

### Medication

Is your child on medication?

yes                       no

If "yes":

Name of medication:

Dosage:

Frequency:

Reasons:

Will the medicine be dispensed in school?

yes                       no

### Does your child have any of the following conditions?

Diabetes

Epilepsy

Heart condition

Asthma

Does student use a nebulizer or pump:

yes

no

Other allergies: \_\_\_\_\_

Can your child engage in strenuous activity, such as sports?

yes                       no

If "no", please explain:

Is there other significant medical information that HOPE needs to know?  yes                       no

If "yes", describe:

Name of student:

## Parent/guardian statement

State briefly why you would like your child to come to HOPE Charter School:

Name of student:

## Parent/Guardian Agreement

I agree to be an active participant in the educational growth and development of my child by being an involved parent at HOPE Charter School.

- I will establish regular contact with my child's teachers.
  - I will review with my child the "Code of Conduct" and "Handbook For Students and Parents" and monitor enforcement.
  - I will reinforce the efforts of teachers and administrators.
  - I will encourage my child with all educational endeavors.
  - I will oversee at least one hour's homework each evening.
  - I will enforce the uniform policy.
  - I agree to school therapists, social workers, and other professionals interchanging information within the school team regarding my child's academic and therapeutic well-being, as per HIPPA regulations.
  - I will work with the Home & School Association, and I will make every possible effort to attend the meetings.
  - I will volunteer at least 2 hours of my time at HCS monthly.
  - If I change my address or phone numbers, or emergency contact numbers, I will immediately let the school know.
  - I understand and accept that HCS is not responsible, in any manner, shape or form, for damage caused to, or theft of, students' or parents' property by whomever. Property includes motor vehicles, computer equipment, cell phones, or any other property which is owned or borrowed by the student/parent, whether on or off our property, even if in our temporary possession. Parents/Students are advised not to bring cell phones or other valuables to school.
  - I agree for my child's photograph(s) to be used on school publicity formats—annual reports, admission flyers, open house flyers and other school publications.
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- HOPE Charter School health services staff will work with my child and me to insure wellness and good health habits.
  - HOPE Charter School provides school health services as required by the School Code and Department of Health Regulations, which include:
    - Vision screening (K-12)
    - Height and weight screening (K-12)
    - Physical examinations (Grade 11)
    - Dental screening by dental hygienist (special education)
    - Hearing screening (Grade 11 and special education)
    - Maintenance of School Health Records
    - Review of Immunization Records
  - HOPE requires a physical examination prior to admission. I will be notified of recommendations for further evaluations as a result of the screenings

### Parent/guardian signature

I have read the above Parent Agreement and Health Care Agreement and, by my signature, agree/understand its covenants and conditions.

All information in this application is correct to the best of my knowledge.

Furthermore, my signature indicates my decision to have my child attend HOPE Charter School, if accepted, and signifies my request that appropriate records be forwarded from the previous school to the HOPE charter school:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Signature needed!**

Name of student:

## Student Agreement

I agree to conduct myself in accordance with HOPE's rules as follows:

- I agree to therapists, social workers, and other professionals interchanging information within the school team regarding my academic and therapeutic well-being, as per HIPPA regulations
- I will abide by our *Code of Conduct* and the *Code of Living*
- I will assume responsibility for my behavior and attitude
- I will ask for help if necessary
- I will take my education seriously
- I will come to school on time
- I will come to school dressed in my uniform
- I will attend all my classes on time and I will be prepared
- I will be respectful to everyone
- I will not get involved in fights
- I will not disrupt the classroom learning process
- I will not damage or deface school property
- I will not destroy or steal other's property
- I will not threaten students or staff
- I will not possess drugs, alcohol or weapons
- I will not harass students or staff

Furthermore, I agree for my photograph(s) to be used on school publicity formats—annual reports, admission flyers, etc.

### Student signature

I have read the above Student Agreement and, by my signature, agree to follow it at all times

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Signature needed!**

## To submit with your application

**We must have the following items before we can consider your application:**

- Address proof ( e.g. copy of utility bill, lease)
- Birth certificate (copy )
- Immunization record (copy )
- Insurance card (medical )
- Physical (form enclosed )
- Report card (copy )
- Social security card (copy )
- Student Statement (form enclosed )
- Transcripts from current/former high schools
- 8th grade PSSA results for incoming 9th graders; 11th grade PSSAs for incoming 12th graders

Name of student:

<b>Interview notes</b> (office use only)
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