

Date: \_\_\_\_\_

<b>Hope Charter Leadership Academy 2017-2018 Initial Enrollment Request Form</b>		
<b>Student Information</b>		
<b>Student First Name</b>	<b>Student Middle Name</b>	<b>Student Last Name</b>
<b>Student's Date of Birth</b>  /        /	<b>Students age as of August 31, 2017</b>	<b>Students Gender</b>
<b>Student's Current Grade Level for the 2016-2017 School Year</b>  <b>K 1 2 3 4 5</b>	<b>Grade Level Applying for</b>  <b>K 1 2 3 4 5</b>	<b>Does your child have a sibling currently enrolled at Hope Charter Leadership Academy?</b>  <b>Yes                  No</b>
<b>Student's Sibling Name (If applicable)</b>		<b>Sibling Grade Level</b>
<b>Student's Sibling Name (If applicable)</b>		<b>Sibling Grade Level</b>
<b>Parent Information</b>		
<b>Parent/Guardian #1 Name/Relation</b>		
<b>Parent/Guardian #1 E-Mail Address</b>		
<b>Parent/Guardian #1 Phone #1</b>	<b>Parent/Guardian #1 2nd phone</b>	
<b>Parent/Guardian #1 Address (Street, City, State, Zip)</b>		
<b>Parent/Guardian #2 Name/Relation</b>		
<b>Parent/Guardian #2 E-Mail Address</b>		
<b>Parent/Guardian #2 Phone #1</b>	<b>Parent/Guardian #2 2nd phone</b>	
<b>Parent/Guardian #2 Address</b>		
<b>Additional Comments:</b>		

*\*Please note: It is imperative that the school is able to contact you. If you are unable to respond to an offer within the timeframe allotted, the open position will go to the next person on the waiting list.*

*\*\*Also note: Siblings must show proof of relation in order to be grandfathered in.*