



NEW HOPE ACADEMY

3900 SW Citrus Boulevard
Palm City, FL 34990-5754
772-283-8343

www.homeschool-life.com/fl/nha

STUDENT APPLICATION FOR ENROLLMENT

Thank you for applying to New Hope Academy. Please complete this application together with the Family Application for Enrollment and mail it to New Hope Academy. It is important to complete this application as thoroughly as possible. You will be notified of enrollment status after your application has been reviewed by the Admissions Committee.

Father's Name

Mother's Name

Student's Name

Nickname

Date of Birth

Grade

Address

Email Address

City

State

Zip Code

Home Phone Number

Father's Cell Phone

Mother's Cell Phone

Emergency Contact

Emergency Phone

I am seeking qualification for the Bright Futures Scholarship

Please list any diagnosed or suspected learning deficiencies or disabilities: _____

Is documentation from physician or professional evaluator available to support diagnosis? Yes No

Is documentation within three (3) years of present date? Yes No

Date of documentation: _____

Does the student have any other medical or physical handicaps or disabilities or other problems which may affect academic performance? If yes, please note:

Received: _____
Accepted: _____ Yes _____ No
Initials : _____
Date: _____