



HOPE PARTNERSHIP FOR EDUCATION
 2601 North 11th Street
 Philadelphia, PA 19133
 (215) 232-5410
www.hopepartnershipforeducation.org

APPLICATION FOR MIDDLE SCHOOL ADMISSION

Please print or type all information. If you have questions about completing this application, please call the school at the number listed above. Incomplete applications will not be processed. An application fee of \$10 must be paid prior to an admissions interview.

Today's date: _____ Application for school year: 2018-2019
 Grade applying to: _____ 2019-2020

STUDENT INFORMATION

Name: _____
First Middle Last

Address: _____
House number Street name Apt. number

City State Zip code

Home phone or parent's phone number: _____
E-mail Address: _____

Student's living arrangement: Lives with both parents Lives with mother Lives with father
 Lives with grandparent Lives with legal guardian

Does student have sisters, brothers or other family members who currently attend Hope Partnership for Education? Yes No If yes, please list names and relationship to student:

School History

Student's current school name and address: _____

Student's current grade: _____ **School's phone number:** _____

Is this student currently enrolled in any special education program or receiving special services?

Yes _____
(Please explain type of service)

No

Has this student ever been evaluated for, or received, services under Title I (reading and math improvement, ESOL, Extended Day, social services)? Yes No

In which grade(s)? _____

Please list all schools student has attended:

School Name	Dates Attended	Grades

Student's birthdate: ____/____/____ Student's gender: Male Female

FAMILY INFORMATION

Parent/Guardian 1 Name: _____

Address, if different from student: _____
House number street city, state zip code

Home phone number: _____ Cell phone number: _____

Employer: _____ Occupation: _____

Parent/Guardian 2 Name: _____

Address, if different from student: _____
House number street city, state zip code

Home phone number: _____ Cell phone number: _____

Employer: _____ Occupation: _____

Name of student's legal guardian if not in parent's custody:

[If the student is accepted at Hope, the school will require a copy of the court's decree].

Relationship of guardian to student: _____

Total number of children in household (including student): _____

Names and ages of student's siblings if living in household:

How will the student travel to school? Walk Car Public transportation

AFFIRMATION

I understand that Hope Partnership for Education Middle School is an academically challenging school with a rigorous code of conduct designed to prepare my son/daughter for acceptance into the high school of their choice. I also understand that full participation of parents and/or guardians, which includes attending teacher-parent meetings and parent education/family activities, is necessary to meet the requirements of the program.

Signature of parent/guardian

Date

Please return this completed application to the school at the address below as soon as possible. Hope Partnership for Education Middle School gives preference in admissions to those students from Eastern North Philadelphia who would otherwise not have access to such an education. The school continues to accept applications for admission until a class is full.

Hope Partnership for Education
Attention: Admissions Committee
2601 North 11th Street
Philadelphia, PA 19133

PLEASE NOTE THAT THE COMPLETED APPLICATION INCLUDES THE QUESTIONNAIRE ON PAGE 4.

PERSONAL AND FINANCIAL INFORMATION

Hope Partnership for Education Middle School asks for personal, family and financial information to make decisions about financial aid awards to students and for the purpose of responding to information requests by entities that financially support the school's programs, such as Federal and State agencies. No personally identifiable information is provided to funding agencies.

RACIAL/ETHNIC BACKGROUND

This student's racial/ethnic background is (check all that apply):

- Black/African American Asian/Asian American White/Caucasian Native American
 Hispanic/Latino Other _____
Please identify

ABILITY/DISABILITY

Does this student have an illness or disability like asthma or dyslexia that might impact his or her academic achievement or participation in extra-curricular activities? Yes No

If yes, please indicate the type of illness or disability: _____

Does the student require special assistance in order to attend Hope Partnership for Education Middle School or to participate in its programs? Yes No

If yes, what kind of assistance is required: _____

Has the student had an IEP or psycho-educational evaluation that makes school recommendations?

- Yes No

FAMILY EDUCATIONAL LEVEL

Highest level of education attained by Parent/Guardian 1: Middle school Some high school
 High school diploma Some college College graduate Master's or professional degree

Highest level of education attained by Parent/Guardian 2: Middle school Some high school
 High school diploma Some college College graduate Master's or professional degree

FINANCIAL INFORMATION

Hope Partnership for Education Middle School offers tuition assistance to qualifying families to make the cost of private education affordable. In order for the school to make decisions about tuition assistance, families are required to submit proof of income with this application. Acceptable income documents include your last filed Federal Income Tax Return or Social Security, SSDI or public assistance award letter.

Hope Partnership for Education Middle School firmly adheres to a policy of nondiscrimination in its admissions process or in the administration of its educational programs and related services. Discrimination based on race, color, nationality, religion, ethnic origin or other characteristics is unlawful and is not practiced by Hope Partnership for Education Middle School.