



HOPE SCHOOLS INTERNATIONAL REGISTRATION FORM

1649 Galaxy Way, Redding, California 96002 ❖ (530) 355-3190 ❖ hopeschools.patti@gmail.com

Today's Date _____ School Year _____

STUDENT INFORMATION

Student's Legal Name _____

Date of Birth _____ Last (legal) _____ First _____ Middle _____
Sex _____ Applying for Grade _____

Student Resides With:

Parent(s)/Guardian(s) Name(s) _____

Relation to Student _____

Phone Number _____ (Is this a **home** or **cell** phone number? _____)

Email _____

Residence Address _____

Street City State Zip

Mailing Address (if different) _____

Street City State Zip

If parents are separated or divorced, who has legal custody? _____

*If parent who is choosing to homeschool the child does not have full and legal custody, a letter of agreement to homeschool from the separated or divorced spouse will be required for completion of enrollment.

Student's Family's Church Affiliation _____

HOMESCHOOLING INFORMATION

Who will be the primary teacher and where will your schooling take place (address)?

If there will be a secondary teacher, who will it be and where will that schooling take place (address)?

HOLD HARMLESS AGREEMENT

I understand that the sole purpose of Hope Schools International is to provide administrative accountability and record keeping for enrolled families who have chosen to educate their children at home. This includes maintaining the enrolled student's cumulative record in a professional manner. The education of the student is the responsibility of the student's parent or guardian and not Hope Schools International. I understand that the parent is responsible for the accuracy of the information and documentation submitted for inclusion in the student's cum file. I, for and on behalf of myself and my enrolled child, agree to hold harmless and further convent not to sue Hope Schools International, its officers, agents, and employees against any and all claims, demands and causes of action that may be made or brought against Hope Schools International, it's officers, agents, and employees caused by, arising out of, or in any way connected with being enrolled in Hope Schools International.

FINANCIAL AGREEMENT

We understand that the registration fee must be paid in full and accompany this registration form in order for my child to be officially enrolled. The HOPE Schools fees are listed below. We understand the registration fee is non-refundable.

*Registration Fee (due at time of registration):
\$150 per family + \$10 per student (grades K-8) + \$50 per student (grades 9-12)= _____ **Total registration fee**
*Additional Driver's Ed Fee of \$45 due at a later time (for those to whom that would apply)
Discount: "Early Bird" Discount of \$15 off of the total registration fee if registered before July 31!

Please sign below to signify that you have read and agree to comply with the information listed in the HOPE Schools International Handbook (separate document) and that you agree to the **Hold Harmless** and **Financial Agreements**.

Parent/Guardian Signature

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NEW ENROLLMENT REQUEST FOR STUDENT RECORDS

First

Middle

Last

Date of Birth

Student's Previous School Information:

Name of school from which student is transferring _____

Previous school phone number _____ Last grade completed _____

Previous school registrar's email address _____

Previous school principal or contact person _____

Previous school address _____

City

State

Zip

TO THE REGISTRAR:

The above student has enrolled in HOPE Schools. Please send us the student's cumulative folder including attendance records, test data, health records, counseling information, and report cards (including withdrawal grades if a student left in the middle of a grading period). For high school students, please send a copy of the student's transcript including credits earned to date.

Please send records to:

HOPE Schools International, 1649 Galaxy Way, Redding, CA 96002

Records transferred by authorization of this release will not be released to any person or agency other than HOPE Schools International.

HOPE Schools Registrar Signature

PARENT RELEASE

I hereby authorize the release and exchange of confidential psychological, cumulative records, and medical information concerning the above named student to HOPE SCHOOLS INTERNATIONAL.

Parent/Guardian Signature

Date

HOPE SCHOOLS INTERNATIONAL OFFICE USE ONLY:

Date requested: _____ How request was delivered: _____