



## APPLICATION PROCESS

1. Visit New Hope Academy for a guided tour with the Principal. Tours are given weekly on Thursdays at 9 am or the second Saturday of each month at 10 am. They last approximately 1 ½ hours. Please call to confirm and arrive on time.
2. To start the application process, complete the application, sign the “Release of Records,” provide a copy of your child’s birth certificate and submit the \$50 non-refundable application fee to the Main Office.  
**Note:** The “Release of Records” form authorizes the student’s current/former school to release their information to New Hope Academy. New Hope will submit this form to request records along with our “Recommendation Form” to schools, daycare providers, etc. (Parents may also submit this form directly to the school; however, New Hope will only accept recommendations returned via direct fax, email, mail or in a sealed and stamped envelope from the school. This recommendation is confidential between the schools.)
3. Schedule a morning of observation for preschoolers or testing and a day in the classroom for students K-12<sup>th</sup> with the registrar.
  - For Pre-school applicants, the child joins the class from 9 am – 12 noon for observation.
  - Students applying for K-12<sup>th</sup> come for a full day of school from 8:30 am to 3:30 pm. Testing will be scheduled during the school day. There is a non-refundable testing fee of \$50 for K-12<sup>th</sup>.
  - High school applicants will also meet personally with the Principal for a short interview.
4. Current/former school must send a complete academic file to New Hope Academy which includes the current year and two prior years’ report cards with teacher’s comments, any discipline reports, standardized testing and learning disability or psychological testing. We will accept a parent copy of your child’s records until we receive the official documents from the school to expedite the process.
5. The current teacher completes and returns a recommendation form to New Hope Academy directly either by fax, email, mail or in a sealed envelope. Students in grades 8 and above are required to submit two recommendation forms, preferably from their Math and English teachers. Recommendation forms are confidential between schools.  
  
**Note: Until all necessary records and recommendation forms arrive at New Hope, we cannot proceed with your child’s application.**
6. Once observations, testing, records and recommendations have been received, the Admissions Committee will meet. Students will only be admitted if the admissions team determines that the applicant is academically, emotionally and socially prepared to be successful in our program. Application files are not open to parents. Testing results can be made available per request for admitted students. All decisions are final.
7. Families will be notified by mail of the results from the Admissions Committee.
8. If your child is accepted, a \$500 non-refundable deposit is required to reserve your child’s placement. The deposit is held and applied to the last year the student attends New Hope Academy. Registration forms and tuition payment information will be sent after the deposit is received.

***All application fees are non-refundable.***

*Applications are not valid until the appropriate fees are paid.*

7009 Varnum Street, Landover Hills, MD 20784 \* Phone: 301-459-7311 \* Fax: 301-459-2813

[www.newhopeacademy.org](http://www.newhopeacademy.org)

updated 08/18/12 (all)



**Current/Former School Information**

**Name of Current School:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name of Previous School:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Assessment: Please complete all fields**

Has it ever been recommended that your child be assessed for any of the following? IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE PROVIDE **ALL** SUPPORTING DOCUMENTATION, TEST RESULTS, IEP OR 504 PLANS. FAILURE TO REVEAL PREVIOUS EVALUATION OR TEST RESULTS IS GROUNDS FOR DISMISSAL FROM NHA.

	Yes	No	Evaluation Completed/Type of Test	Hospitalized/Medication Given?
ADD				
ADHD				
Emotional Problems				
Psychological Problems				
Learning Disabilities				
Speech and Language				

Has your child ever been suspended, expelled, or asked to withdraw from any school for any reason? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Has your child ever repeated or skipped a grade? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your child have any physical problems or limitations? \_\_\_\_\_

Does your child have any allergies/medical conditions? \_\_\_\_\_

Where or how did you hear about New Hope Academy? \_\_\_\_\_

**BEFORE CARE NEEDED?** \_\_\_ YES \_\_\_ NO (If arrival time is before 8:15 am your child must be enrolled in before care or drop in rates will be applied)

**AFTERCARE NEED AFTER CARE?** \_\_\_ YES \_\_\_ NO (Available for students in grades K-12<sup>th</sup> for pick up times after 3:30 pm and before 6:00 pm. Students not pre-registered for aftercare are subject to drop in rates.)

**CIRCLE DAYS NEEDED FOR AFTERCARE: Mon. Tues. Wed. Thurs. Fri.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All application fees are non-refundable.*



## PARENTAL PERMISSION FOR RELEASE OF RECORDS

(From Agencies, Institutions, Physicians, Schools, etc.)

**Dear Parent/Guardian:** As part of the admission process we must obtain official records and completed New Hope Academy recommendation form(s). By signing below, you are authorizing the release of your child's personal information to New Hope Academy.

**PreK-7:** We must receive official copies of your child's records for the past three years (see list below), including a completed New Hope Academy recommendation form from your child's recent primary teacher.

**Grades 8-12:** We must receive an official transcript along with the additional records listed below and two New Hope Academy recommendation forms; completed by your child's Math and English teachers (preferred).

*It is the parent's responsibility to ensure that your child's records are forwarded to New Hope Academy.  
Your child's application will be considered after these records are received.*

**Student Name (print):** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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

### Dear School Official:

The student named above is a candidate for admission to New Hope Academy, a PreK3-12<sup>th</sup> school. Please send this student's official academic records and/or transcript (see list below) and completed New Hope Academy recommendation form(s) filled out by his/her teacher(s).

We will only accept records and recommendation forms that are returned via direct fax, email, mail or in a sealed and stamped envelope from your school. This recommendation is confidential between the schools. These records should include all final grades earned for courses taken to date and the following:

- Current school year report card (courses, grades, comments)
- Record of three previous school years
- Standardized test scores
- Attendance Records
- Psychological Records
- Psycho-educational Testing, IEP's, 504 plans, ADD and/or ADHD evaluations, etc.
- Limited access folders/Disciplinary and available guidance materials
- Health records
- Recommendation Form(s) furnished by New Hope – see attached

**Please send these records to:**

<p align="center"><b><u>Via Mail</u></b> Office of Admissions New Hope Academy 7009 Varnum Street Landover Hills, MD 20784</p>	<p align="center"><b><u>Via Email</u></b> <a href="mailto:office@newhopeacademy.org">office@newhopeacademy.org</a></p>	<p align="center"><b><u>Via Fax</u></b> Attention Office of Admissions (301)-459-2813</p>
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# RECOMMENDATION FORM FOR STUDENTS ENTERING GRADES 2-7

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject taught: \_\_\_\_\_

School & Address: \_\_\_\_\_

TO: MAJOR ACADEMIC TEACHER

The child named above is applying for admission to New Hope Academy. Please fill out the items below to the best of your ability. We appreciate your time and cooperation. All information you furnish will be kept confidential. Please make sure to have an administrator complete their portion of this form before submitting to New Hope Academy. You may return this form either by mail, email, via parent (in a sealed envelope with the school stamp) or by fax. See the information below.

I have known this candidate for \_\_\_\_\_ years.

### CIRCLE THE WORDS THAT BEST DESCRIBES THIS APPLICANT:

- |                    |                 |               |          |             |             |
|--------------------|-----------------|---------------|----------|-------------|-------------|
| Easily discouraged | Over-protected  | Aggressive    | Anxious  | Articulate  | Disobedient |
| Passive-resistant  | Self-centered   | Follower      | Honest   | Influential | Irritable   |
| Self-disciplined   | Well-liked      | Confident     | Shy      | Responsible | Motivated   |
| Positive leader    | Negative leader | Perfectionist | Cheerful | Organized   | Helpful     |
| Manipulative       | Sociable        | Conscientious | Angry    | Dramatic    | Defiant     |

- |  |   |   |
|--|---|---|
| 1. Academic ability<br><input type="checkbox"/> outstanding<br><input type="checkbox"/> above average<br><input type="checkbox"/> average<br><input type="checkbox"/> below average  | 2. Self-motivation<br><input type="checkbox"/> highly motivated<br><input type="checkbox"/> some desire to learn<br><input type="checkbox"/> only what is required<br><input type="checkbox"/> does very little   | 3. Study habits<br><input type="checkbox"/> well-organized<br><input type="checkbox"/> usually gets work done<br><input type="checkbox"/> easily distracted<br><input type="checkbox"/> poor habits   |
| 4. Ability to work independently<br><input type="checkbox"/> always works well<br><input type="checkbox"/> needs help sometimes<br><input type="checkbox"/> needs help frequently<br><input type="checkbox"/> needs much supervision     | 5. Participation in discussion<br><input type="checkbox"/> joins in readily<br><input type="checkbox"/> participates occasionally<br><input type="checkbox"/> contributes when called on<br><input type="checkbox"/> wants to dominate<br><input type="checkbox"/> rarely contributes | 6. Ability to write<br><input type="checkbox"/> ideas and mechanics excellent<br><input type="checkbox"/> ideas good, mechanics fair<br><input type="checkbox"/> ideas fair, mechanics good<br><input type="checkbox"/> ideas and mechanics limited |
| 7. Respect for others and property<br><input type="checkbox"/> always respectful<br><input type="checkbox"/> usually respectful<br><input type="checkbox"/> sometimes disrespectful<br><input type="checkbox"/> frequently disrespectful | 8. Follows directions<br><input type="checkbox"/> quickly and correctly<br><input type="checkbox"/> occasionally needs help<br><input type="checkbox"/> needs much explanation  | 9. Uses suggestions, corrections<br><input type="checkbox"/> always<br><input type="checkbox"/> usually<br><input type="checkbox"/> needs reminding<br><input type="checkbox"/> rarely follows suggestions  |

10. Attention span  
 exceptionally good  
 usually good  
 occasionally distracted  
 easily distracted

11. Maturity  
 very mature  
 above average  
 normal  
 somewhat immature  
 very immature

12. Consideration of others  
 usually thoughtful  
 sometimes thoughtful  
 rarely considerate  
 selfish

13. Social adjustment  
 healthy relationships  
 occasional problems  
 frequent problems  
 relates poorly

14. Self-confidence  
 healthy self-image  
 needs some support  
 appears overly confident  
 needs much reassurance

15. Integrity  
 very honest and trustworthy  
 usually trustworthy  
 some reservations  
 untrustworthy

16. Conduct  
 well-behaved  
 usually obeys rules  
 occasional misconduct  
 frequent disruptions

17. Attitude of parents  
 cooperative  
 indifferent  
 overly protective

18. Health of applicant  
 excellent  
 occasionally sick  
 frequently sick

1. What are the first words which come to mind when asked to describe this child?

2. Has the applicant been evaluated for any physical, emotional or academic reasons?

Yes  No  Do not know If yes, please explain: (attach supporting documentation if necessary)

3. Is the applicant currently on medication or has he/she previously been on medication?

Yes  No  Do not know If yes, please explain: (attach supporting documentation if necessary)

4. Have you observed any signs of learning disabilities?

Yes  No  Do not know If yes, please explain: (attach supporting documentation if necessary)

5. Are the parents supportive of the child and your program? Please explain. \_\_\_\_\_

6. Do you have any additional information which might be helpful in our evaluation of this student? \_\_\_\_\_

7. May we contact you for further information? \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TO BE COMPLETED BY AN ADMINISTRATOR**

Have all financial obligations to your school been met? \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_