



## 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)



## GRADES K-1 APPLICATION FOR ADMISSION

Today's Date: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ (Circle one: SEPTEMBER or IMMEDIATE)

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age as of Sept. 1 \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Current Grade: \_\_\_\_\_  
Month/Day/Year

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Primary Language spoken at home: \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Parent Occupation & Skills: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Parent Occupation & Skills: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Parent 1 \_\_\_ Parent 2 \_\_\_ Between Parents

If child lives with one guardian, who has legal custody? \_\_\_ Parent 1 \_\_\_ Parent 2 \_\_\_ Other

If other, please explain (i.e. grandparents, joint custody) \_\_\_\_\_

**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 style="text-align: center;"><b><u>Via Mail</u></b> Office of Admissions New Hope Academy 7009 Varnum Street Landover Hills, MD 20784</p>	<p style="text-align: center;"><b><u>Via Email</u></b> <a href="mailto:office@newhopeacademy.org">office@newhopeacademy.org</a></p>	<p style="text-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 K -1

Student Name: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

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

Dear Teacher:

The child named above is applying for admission to New Hope Academy & Preschool. 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.

### SKILL DEVELOPMENT

	Outstanding	Age Appropriate	Needs Development	Additional Comments
Pays attention				
Listens in a group				
Contributes to discussions				
Follows directions				
Completes tasks				
Can focus on one task				
Respects classroom routines				
Makes transitions easily				
Responds positively to criticism				
Is willing to try new activities				
Is a self- starter				
Expresses ideas well				
Exhibits problem solving abilities				

### SOCIAL/EMOTIONAL DEVELOPMENT

	Outstanding	Age Appropriate	Needs Development
Is supportive of peers			
Is comfortable with adults			
Works well independently			
Cooperates in classroom activities			
Cooperates in play			
Initiates play activities			
Shares well			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Can solve problems with peers without being physically aggressive			

**PHYSICAL DEVELOPMENT**

	<b>Outstanding</b>	<b>Age Appropriate</b>	<b>Needs Development</b>
Small muscle control & coordination			
Large muscle control & coordination			
Speech development (articulation)			

1. What are the first words which come to mind when asked to describe this child?  
\_\_\_\_\_
2. Physical Development (general health and well-being) \_\_\_\_\_
3. Intellectual Development (attention span, language development, visual & auditory discrimination)  
\_\_\_\_\_
4. Emotional Development (personality characteristics, self image, ability to deal with conflict and frustration)  
\_\_\_\_\_
5. Child's relationship with parents: \_\_\_\_\_
6. Please describe child's developmental readiness for:  
Beginning reading skills: \_\_\_\_\_  
Beginning math skills: \_\_\_\_\_
7. What are this child's particular strengths? \_\_\_\_\_
8. Are there significant weakness or problems of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_
9. To your knowledge, has this child ever been evaluated or helped psychologically? \_\_\_\_\_
10. Is the child currently on medication or has he/she previously been on medication? \_\_\_\_\_
11. Are the parents supportive of the child and your program? Please explain. \_\_\_\_\_  
\_\_\_\_\_
12. Please make any further comments you feel are appropriate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. May we contact you for further information? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>TO BE COMPLETED BY AN ADMINISTRATOR</b></p> <p>Have all financial obligations to your school been met? _____</p> <p>Administrator Signature: _____ Date: _____</p>
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