

ANNUAL ENROLLMENT FORM

Email to: NHAenrollment@gmail.com

New Hope Academy of Tennessee

4924 Fort Henry Drive, Suite C, Kingsport, TN 37663

Phone: (423) 239-9700 Fax: (423) 239-9300

School Year: _____

Website: www.New-Hope-Academy.com

Student Full Name: _____

Birth Date: _____

Street Address: _____

Male Female

City, State, Zip: _____

School District: _____ Grade for enrolling year: _____

Yes No Choose **Yes** or **No** to the following questions for this student as accurately as possible.

Has this student had truancy issues during the past two years? (Letter(s), call(s), truancy board, court or hearing)

Has this student been arrested, held, or probation during the past two years?

Has this student been suspended or expelled during the past two years? (ISS, OSS, alternative school, etc.)

Has this student had drug or alcohol issues during the past two years? (Addiction, use, or rehab)

Is this student pregnant or an expectant father?

Does this student have a child?

Has this student or family experienced a Department of Human Services or Child Protective Services investigation during the past two years? (Or the equivalent)

If you answer yes to any of these questions, please give details on reverse side in the space provided.

Returning student (enrolled at NHAT last year) – *Enroll with payment no later than August 27 to avoid late fee*

New kindergarten enrollment – ***fax or mail copies of SS card, birth certificate, and immunization records***

Transferring student (enrolled elsewhere last year)

List previous school name, city & state: _____

For all students, please also complete appropriate CURRICULUM PLAN on reverse side.

Preferred Phone #: _____ Preferred Email Address: _____

Primary Teacher Name: _____ Relationship, if not named below: _____

Primary teacher has a high school diploma, GED, HiSET, or college degree. Yes No **(attach or email copy)**

Number of years home educating: 0-1 2-4 5+

Please provide parent or legal guardian information as it applies:

	Father	Mother
Name		
Place of Employment		
Work or Cell Number		
Email Address		

Emergency Contact

Name: _____ Number: _____ Relationship: _____

Parent/Legal Guardian Affidavit:

I hereby acknowledge that the information provided on this two-page enrollment form is true and accurate to the best of my knowledge. Acceptance of enrollment is conditional upon receipt of all student records. While truancy, arrest, probation, suspension, expulsion, and other issues are not necessarily reasons for non-acceptance, falsifying the information is and will result in forfeiture of all fees paid. It is also understood that standardized testing is required during 4th, 7th, 9th, 10th, 11th, and 12th grades. **For transferring students, I hereby grant NHAT permission to request student's records from the previous school for evaluation and/or enrollment.**

Signature: _____

Date _____

Student Full Name: _____

Birth Date: _____

- Check if taking online classes through NHAT and only fill in curriculum plan for any non-NHAT online classes.
- Check if a special needs student that is educating 2 or more grades below grade level.

K-8 CURRICULUM PLAN:

SUBJECT	TEXT / PUBLISHER
Phonics/Reading	
English	
Math	
Science	
Social studies	
Bible	
Penmanship	
Spelling/Vocabulary	

HIGH SCHOOL CURRICULUM PLAN:

SUBJECT	COURSE NAME	TEXT / PUBLISHER
English		
Math		
Science		
Social studies		
Bible		
Foreign language		
PE/Health		
Personal Finance		
Speech		

Please give detailed explanation of any yes answers to student questions here and sign below:

Email this completed form to: NHAenrollment@gmail.com.

Thank you – we look forward to working with you this year.