

New Hope Academy of Tennessee

4924 Ft. Henry Dr., Ste. C
Kingsport, TN 37663

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

Email to: NHAenrollment@gmail.com
Website: www.New-Hope-Academy.com

Enrollment Form – for returning students

(Phone Number)	(Phone Number)	(Primary Email Address of Parent)
(Student's Full Name)	(Male or Female)	(Grade for Enrolling Year)
(Social Security Number)	(Birth Date)	(County or City of Residence)
(Street Address)	(City and State)	(Zip Code)
(Primary Teacher)	(If other, please list relationship of primary teacher.)	

Answer YES or NO to each question below. Please answer them as accurately as possible.

	Does the primary teacher have a high school diploma or GED?
	Is this your first year homeschooling?
	If not, how many years have you been homeschooling?
	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)

Please provide parental or guardian information as it applies.

(Father's Name)	(Father's Place of Employment)
(Father's work or cell number)	(Father's email address)
(Mother's Name)	(Mother's Place of Employment)
(Mother's work or cell number)	(Mother's email address)
(Emergency Contact)	(Relationship to Family) (Phone Number)

I hereby acknowledge that the information provided on this enrollment form is true and accurate to the best of my knowledge. Acceptance of enrollment is conditional upon receipt of student's records. While truancy, legal, suspension, expulsion, etc. issues are not necessarily reasons for nonacceptance, falsifying the information may be.

(Parent's Signature – signed or typed)	(Date)

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Transfer Request Form

This document MUST be filled out for ALL students that were NOT enrolled with New Hope Academy of Tennessee during the previous school year.

<i>Student Information</i>		
<i>(Student's Full Name)</i>	<i>(Male or Female)</i>	
<i>(Social Security Number)</i>	<i>(Birth Date)</i>	
<i>(Street Address)</i>	<i>(City and State)</i>	<i>(Zip Code)</i>
<i>(Parent's Name or Signature) –By signature or typed name, the parent or guardian signifies permission for NHAT to request the student's records from the previous school.</i>		<i>Date</i>

<i>Previous School's Information</i>	
<i>Name of School</i>	
<i>Address</i>	
<i>Phone Number</i>	
<i>Fax Number</i>	

<i>Information Requested</i>
<p><i>This student has been enrolled by New Hope Academy of Tennessee, which is a Category IV Church-Related School with the Tennessee Department of Education.</i></p> <p><i>Please include the following with this students records:</i></p> <ul style="list-style-type: none"> • Records and reports • Attendance record • Disciplinary record • Birth Certificate • Immunization Record • Social Security Card • Any other pertinent information <p>Thank you for your attention to this matter</p>