



## ***Criteria and Procedures for Enrollment***

### **Helpful Prerequisites (optional)**

- Visit NewHopeMemphis.org
- Attend an Open House
- Review FACTS financial aid “How To” video

### **Enrollment Application**

- Submit complete enrollment application
- \$25 non-refundable application fee (via Square)
- Copy of child’s birth certificate (long or short form, not mother’s copy)
- Copy of child’s social security card
- Copy of current TN immunization record
- Records and Letter of Recommendation from previous school (1<sup>st</sup> grade and up)

### **FACTS Financial Aid Application**

- Submit complete FACTS application for financial aid
- \$40 (payable to FACTS at time of financial aid application submission)

### **Education Savings Account (ESA) Application**

- Submit complete ESA application in spring 2024 (SK and up only)

### **Student Screening**

Once you have submitted all information needed with the application, you may be contacted for a student screening and observation appointment.

- ✓ Screening times will begin in November.
- ✓ Screening for PK and JK students takes about 45 minutes.
- ✓ Screening for Kindergarten students takes about 1 hour.
- ✓ Screening for all other grades may take up to 2 hours (limited times available).

### **Enrollment Decision**

- ✓ Screening results will be assessed by an Enrollment Committee that will determine final decisions.
- ✓ You will receive a letter regarding the status of your application (i.e., whether your child was accepted/not accepted). Process could take 4-6 weeks.

### **Contract Signing**

- Read and become familiar with the New Hope Family Handbook.

NEW HOPE CHRISTIAN ACADEMY  
**ADMISSIONS**



- Notification will be given upon acceptance for enrollment contract.
- New families must attend a contract signing meeting to complete their enrollment.



**2024-2025 Admission**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender \_\_\_\_\_

Ethnicity (circle one) African-American Hispanic Caucasian Multi-Racial Other \_\_\_\_\_

NHCA has a "June 1" cut-off date for entry into PK – SK . See Enrollment Packet for full details.

Applying for (circle one) PK3 JK4 SK Other \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_ Dates Attended \_\_\_\_\_

**Family Information (Required)**

Primary Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street Name & Number City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street Name & Number City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current Employer \_\_\_\_\_



Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

**Family Information cont.**

Marital Status (check all that apply):

Applicant lives with (check all that apply):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Parents married   | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother & Father | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Parents divorced  | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Mother          | <input type="checkbox"/> Stepmother     |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Parent deceased  | <input type="checkbox"/> Father          | <input type="checkbox"/> Stepfather     |

Who has legal custody? (circle one) Mother Father Both Guardian

Names of Household Members and relationship to student:

Name	Relationship

Siblings at New Hope?  Yes  No (If yes, please list name and grade.)

Sibling Name	Grade

Has applicant:

Previously applied to New Hope?  yes  no If yes, when? \_\_\_\_\_

Previously attended New Hope?  yes  no If yes, when? \_\_\_\_\_



How did you learn about New Hope?

---



---

**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had a history of or is currently being treated for the following?

Medical Condition	How Often	Treatment/Medication
Learning Disability or IEP*		
Asthma		
Chronic Colds		
Ear Infections		
Head Injuries		
High Fevers		
Hospitalization		
Respiratory Illness		
Seizures		
Speech Therapy		
Surgery		
Food Allergies**		
Any Other Allergies		
Medications Currently Taken		

\*Please include any additional physician's statement regarding learning disability or IEP.

\*\*Please include a physician's statement for any food allergy restriction.

**Emergency Contact**

In the event of an emergency, if a parent or guardian cannot be reached, New Hope must be able to contact someone who can make emergency decisions (e.g., medical) in your absence. Please list at least three emergency contacts.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_



Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Approved Pick Up List

List approved individuals, including parents, who can pick up your child. Anyone picking up your child must be on the pick-up list, and provide a photo ID, if requested. Please include daycare providers, if you will be using one. You are responsible for updating this list as information changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*I certify that all of the above information is true and correct. Any misinformation or false reporting of information may jeopardize admission or enrollment at New Hope Christian Academy.*

Print Name \_\_\_\_\_

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

*All information provided in the admissions process will be managed with utmost discretion. New Hope Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, ethnicity, or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs.*