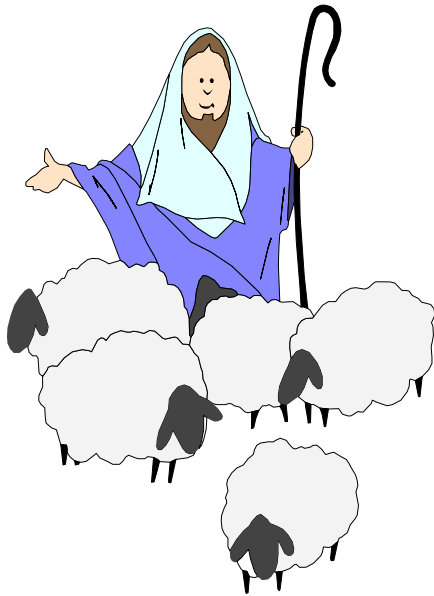


Thank you for your interest in Hope Christian School's Pre-School/Pre-Kindergarten program. It is our goal to provide the best program possible for your child.

We understand the sacred responsibility with which you have entrusted us. We thank you for the privilege and opportunity to influence children for Jesus Christ and to help them realize their potential.

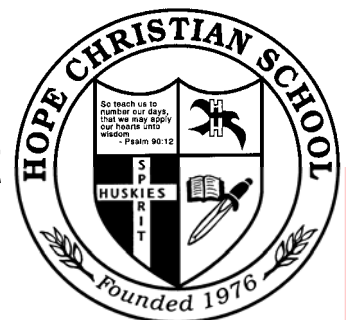


Please take a moment and look over the information presented in our Pre-School/Pre-Kindergarten Parent/Student Handbook. It will give you a quick overview of our Pre-School and Pre-Kindergarten program, which is designed to be an academic program with extended enrichment. You will find there are specific times and availability for each age level. We have tried to offer the most flexible schedule we can and still incorporate the quality in our program that you want for your child.

Please remember that the Admissions Staff is available to answer your questions and assist you in completing your student's application. We can be reached at (505) 821-2513. We will join you in prayer as you consider Hope the best educational program for your student.

—Iwen Hughes, Admissions Director

**Pre-School/Pre-Kindergarten
Admissions Packet
2011-2012**





Application Deadline:

February 8, 2011

(Please note: we will continue to accept applications after this date; however, the likelihood of your student being on the Wait List will greatly increase.)

Play Dates:

A "Play Date" will be scheduled when the file is complete. This will be a time of observation and evaluation of your student to determine if he/she is ready for our academic program.

Please contact the Admissions Office if you have a question regarding the status of your student's application.

Applications and fees are applicable for one school year. If a student does not enroll within that time period, a new application and fee are required.

An incomplete application, including related forms, may result in a student not being considered for acceptance.

ADMISSION PROCEDURES

The following is a list of procedures and deadlines that will guide you in applying for enrollment at Hope. Read all information carefully.

CHARACTER REFERENCES

Fill out the top portion and distribute the two Character Reference forms to the following individuals: **(Both references must be on file before the student will be considered for acceptance)**

1. One reference from a **teacher or friend**
2. One reference from a **pastor or Bible teacher**

Please note: References from family members are not accepted.

Have the individual mail or fax the form directly to Hope within five days. (Character references will be matched up with applications on file or held until an application is received. We suggest that you contact the school to verify receipt of all references.)

APPLICATION

Return completed forms and the information listed below to the Admissions Office on or before February 8, 2011.

- ___ 2011-2012 Application for Admission (Completed and signed by Parent/Guardian)
- ___ Copy of current immunization records
- ___ State certified birth certificate (Not a hospital certificate of birth—there is a difference!)
- ___ Recent photograph
- ___ Distribute Character references as required (see above)
- ___ \$25 application fee

PLEASE NOTE: *An incomplete application, including related forms, may result in a student not being considered for acceptance.*

ACCEPTANCE

Letters of acceptance and additional procedures for enrollment will be mailed as soon as possible after selections are made by the Admissions Committee. (The tentative date for letters of acceptance being sent is April 15, with enrollment contracts and fees due by May 1st.)

Hope Christian School admits students of any race, color, and national or ethnic origin.

REGISTRATION FEES:

Once your student has been accepted, there will be a \$250.00 Registration fee due with the Enrollment Contract. This fee is non-refundable and non-transferable.

TUITION

Please contact the Admissions Office for current tuition prices.

DISCOUNTS

There are no early payment discounts. Multi-student discounts apply only when there are two students in a household in Pre-School/Pre-Kindergarten.

Tuition must be paid in full before school starts (according to the date set on the Enrollment Contract) or a F.A.C.T.S. payment program set up as explained below.

MONTHLY PAYMENT PROGRAM**

Hope has a monthly payment program that is processed through a company called F.A.C.T.S. which requires automatic withdrawal from a checking or savings account. Payments are divided into twelve (12) monthly installments payable on the 5th or 20th of the month. The first payment is in June and all payments are completed by May 20th. F.A.C.T.S. contracts initiated after May 1st may require a prepayment of one to four months.

F.A.C.T.S. charges a \$38.00 non-refundable enrollment fee to be automatically withdrawn from the account when the payment agreement form is received.

** Hope Christian School reserves the right to deny tuition payment through the use of the F.A.C.T.S. program.

Hope accepts Visa, MasterCard, or Discover as a method of payment; however there is an additional 2.04% charge for this.



Note: Application forms may be mailed to:

**Admissions Office
Hope Christian School
8005 Louisiana Blvd., NE
Albuquerque, NM 87109**

or brought directly to the Admissions Office between 7:30 AM and 4:00 PM.
(Admissions/Business Office is located on southwest corner of Paseo Del Norte and Louisiana Boulevard.)



Hope Christian School
8005 Louisiana Blvd., NE
Albuquerque, NM 87109



Pre-School/Pre-Kindergarten Admissions Application 2011-2012

Pre-School (must be 3 years old by 9/1/11)

M/W/F full day half day OR T/Th full day half day

Pre-Kindergarten (must be 4 years old by 9/1/11)

M-F full day half day

STUDENT'S FULL LEGAL NAME

Student prefers to be called

Last: _____ First: _____ Middle: _____

Student's Home Address _____ City _____ State/Zip _____

Mailing Address (if different) _____ City _____ State/Zip _____

Home Phone _____ Gender: M ___ F ___ Date of Birth ___/___/___

Place of Birth: City _____ County _____ State _____

Church Home _____ Pastor _____

Previous School _____ Reason for transfer/leaving _____

Student's Interests _____ Is this student toilet-trained (no pull-ups)? yes no

Has this student ever been a previous Hope: Applicant: yes no Student: yes no If yes, grade _____

Sibling Information:

As of August, 2011

Names of Siblings	Age	Grade	Current Applicant?	Current Hope Student?	Former Hope Student?
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

PRIMARY (Household One) INFORMATION: (Should match address of student above)

Parent/Guardian One Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: ___

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

If Applicable:

Parent/Guardian Two Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: ___

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Secondary (Household Two) INFORMATION: (If applicable)

Parent/Guardian One Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: __ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Parent/Guardian Two Relationship to Applicant: Father Mother Grandparent Guardian Other: _____

Last Name: _____ First Name: _____ Middle Initial: __ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Highest Level of Education: HS Graduate Some College Degree: _____ School Name: _____

Emergency Contact Information

Persons, OTHER THAN THOSE LISTED ABOVE, to be contacted in case of emergency: List at least two, must be local and from separate households. Additional contacts may be listed on separate sheet.

Name	Relationship	Home	Cell	Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Information

Does this student have any medical conditions? yes no If yes, please explain: _____

Does this student take any medication on a regular basis? yes no If yes, please explain: _____

Does this student have any allergies? yes no If yes, please explain: _____

Doctor's Name: _____ Phone #: _____ Preferred Hospital: _____

Insurance Information

Around-the-clock (24-hour) Accident insurance coverage is required for all grades. (A student insurance policy is available through the school if needed)

Insurance Company: _____ Group # _____ ID# _____

Hope Christian School Pre-School/Pre-Kindergarten

Discipline Agreement

Discipline is an essential teaching part of the classroom and is not viewed as punishment. Discipline is used to help children learn self-control, to help develop their self-esteem and a regard for and acceptance of others in the classroom.

Discipline will be consistent and age appropriate.

Discipline will include positive guidance, redirection, and clear limits that encourage the child's ability to become self-disciplined. When redirection is not working at a particular time for a child, time out will be employed. (Time out is a non-solitary separation of one child from the group.)

Discipline will guide the children to resolve conflicts and will model skills that help children to solve their own problems.

Physical punishment, humiliation, fright or other coercive strategies are not permitted. Withdrawal of food, rest or bathroom privileges are not permitted. Any type of emotional manipulation is also strictly prohibited.

I, the parent/guardian of the child named in this application, have read the above and agree to support Hope Christian School's Pre-School and Pre-Kindergarten program in its disciplinary policies.

Signature of Parent/Guardian _____ Date _____

Print Name: _____



Parent/Guardian Signature

I, the parent or guardian of the above named student, give permission for him/her to participate in school-sponsored activities away from Hope Christian School premises. I will inform the school by written request should I choose to keep him/her from an activity or trip.

I hereby release Hope Christian School and any representatives of the school from any liability or responsibility for injuries, damages or expenses that may occur to the above named student arising from any school activity and I agree to indemnify and save harmless Hope Christian School and any representatives of the school against any such claim for injuries, damages or expenses made by or on behalf of said student.

By signing this form, I am giving permission for my child to ride to class activities during school hours with a parent volunteer driver. I understand that each parent volunteer driver must fill out a form acknowledging that they have automobile liability insurance and that they are responsible for each child in their vehicle.

I understand in signing this statement that I agree to accept the rules and regulations of the school as stated in the current Pre-School/Pre-Kindergarten Parent/Student Handbook, including the **Standards of Conduct** and **dress code**, and will carefully review these rules, regulations, and standards with my student as needed.

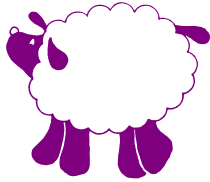
I, the parent or guardian of the above-named student, give my permission for a Hope Christian Schools, Inc., employee or designee to transport my student to a medical facility for emergency treatment.

Date _____
Signature of Parent or Guardian

Please print name

Student Name: _____ Applying for Pre-School Pre-Kindergarten

Tape photo or snapshot of student here



PARENT'S STATEMENT:

Parents/Guardians of Student: Please give a brief, but comprehensive, statement of your reasons for sending your student to a Christian School.

PRIMARY PARENT/GUARDIAN-ONE PERSONAL TESTIMONY

Please give a brief, but comprehensive, personal TESTIMONY of your relationship with Jesus Christ). (May be typed and attached if desired.)

Signature: _____

PRIMARY PARENT/GUARDIAN-TWO PERSONAL TESTIMONY

Please give a brief, but comprehensive, personal TESTIMONY of your relationship with Jesus Christ). (May be typed and attached if desired.)

Signature: _____

Student Name: _____ **Applying for grade:** _____ **for 2011-12 school year**



GRANDPARENT INFORMATION:

Grandparent One

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Grandparent Two

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Grandparent Three

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Grandparent Four

Last Name: _____ First Name: _____ Middle Initial: ___ Mr. Mrs. Miss Ms. Other: _____

Mailing Address _____ City _____ State/Zip _____

Custodial rights? yes no Financially Responsible? yes no Receive Correspondence? yes no

Marital Status: Married Divorced Separated Not Married Church Home: Same as student Other: _____

Email 1: _____ Email 2: _____

Occupation: _____ Job Title: _____ Employer: _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

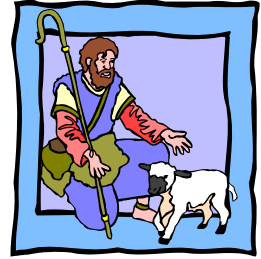
HOW DID YOU HEAR ABOUT HOPE?

(Check primary source)

- ___ Yellow Pages
- ___ Newspaper
- ___ Magazine
- ___ Internet
- ___ Radio (which station? _____)
- ___ TV (which station? _____)
- ___ Friend
- ___ Relative
- ___ Co-Worker
- ___ Other? _____

Please make sure your application is complete! An incomplete application may result in a student not being considered for acceptance.

CHECKLIST:
 Enclose or attach the following:
 1. State certified birth certificate
 2. Copy of current shot records
 3. Recent photograph or snapshot
 4. \$25 application fee



Give character reference forms* to individuals indicated in Admissions Procedures, with instructions to return the forms directly to the Admissions Office.

Hope Christian School admits students of any race, color, and national or ethnic origin.

*Available online at www.hopechristianschool.org under Admissions or may be requested by calling the Admissions Office

For office use only

Comments: _____

Enrollment Paid _____ Plan 1 2 3 4

Acpt: A N AW
 ___ Ltr
 ___ Date

Name (Last, First, Middle) _____ Grade _____ App # _____

Address _____
 Email Address _____
 Emerg Contacts _____
 Insurance Info _____
 Medical Information _____
 Parent Personal Testimony _____ Mother _____ Father _____
 Parent Signature _____
 Discipline Agrmt Signed _____
 Photo _____
 Immunization Record _____
 Birth Certificate _____
 Character Ref (K-6th) _____ Teacher _____ Pastor _____

New Ret Initials _____
 ID# _____
 Pd. Appl. Fee _____ Ok# _____

I certify that I have witnessed and reviewed the original Birth Certificate for:
 D.O.B. _____
 Signature: _____

Playdate: Date: _____

HOPE CHRISTIAN SCHOOLS, INC.

Admissions Office

(505) 821-2513

Grades K-5 Campus

(505) 797-4290

Grades 6-8 Campus

(505) 822-5370

Grades 9-12 Campus

(505) 822-8868

Mailing Address:

8005 Louisiana Blvd., NE

Albuquerque, NM 87109