



## Enrollment Application form for HOPE Community Academy (2019-2020)

### Instructions to Complete the Enrollment Application

1. Complete the Application form
  2. Print the Enrollment Application form
  3. Send/drop off this application form to:  
**HOPE Community Academy**  
720 Payne Avenue  
St. Paul, MN 55130
  4. Call 651-796-4500 if there is any question.
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### **Student Information:**

Student's Full name (Last, First, Middle): \_\_\_\_\_

Grade for 2019-2020 School Year: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### **Parent/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cellular phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Emergency Contact**

Name (full name): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### **Additional Details:**

Does this student have a sibling already enrolled or applying for HOPE Community Academy?

If yes, Sibling's Full Name: \_\_\_\_\_

Person Submitting This Form: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship To Student: \_\_\_\_\_

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Date Received:

Office use only.