

**NEW STUDENT  
APPLICATION FOR  
SCHOOL YEAR 2021-2022**



**Important Please read**

**School Hours:**

**Monday, Wednesday, Thursday & Friday 7:40am-3:00pm**

**Tuesday:7:40am-2:20pm**

- If applying for Kindergarten students **must be 5 years old by September 1, 2021.** Student's birth certificate required.
- Completed applications must be received by **5 PM on Wednesday, March 24, 2021.**
- Applications received after March 24, 2021 will be accepted, but may be subject to waitlist status.
- The Lottery will be held **Friday, March 26, 2021 at 9:00 AM,** Hope Learning Academy Chicago, 1628 W. Washington Blvd.
- **Only Chicago residents may apply.** Proof of Chicago residency required.
- **Please note that the falsification of any information on this application will result in the disqualification of the applicant.**
- **There is a \$25 registration fee due when enrolling.**

**Send/Drop off completed application to:**

Hope Learning Academy  
1628 West Washington Blvd., Chicago, IL 60612  
Phone: (773) 534-7405 Fax: (773) 534-7623  
[vramos@hope.us](mailto:vramos@hope.us) [www.hilahub.com](http://www.hilahub.com)

**Call 15 minutes after faxing for verbal confirmation**

**Student and Family Information:** (PLEASE PRINT CLEARLY- As it appears on the birth certificate): Use Black or Blue ink.

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birth date(mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_  
 Apt. Number: \_\_\_\_\_ City/State: Chicago, IL Zip Code: \_\_\_\_\_  
 Current School: \_\_\_\_\_ **Circle Grade Applying for Fall 2021-2022: K 1 2 3 4 5**

**Has your child ever attended a Chicago Public School:** YES NO

**If yes, please provide their CPS ID #:** \_\_\_\_\_

**1. Parent/Guardian Full Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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Does your child live with you in the "Home Address" listed above? Yes No  
If not, please provide your address below:

**Home Address:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_

**City/State:** Chicago/IL. **Zip Code:** \_\_\_\_\_

**2. Parent/Guardian Full Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Does your child live with you in the "Home Address" listed above? Yes No  
If not, Please provide your address below:

**Home Address:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_

**City/State:** Chicago/IL. **Zip Code:** \_\_\_\_\_

**SIBLING INFORMATION:** Please list any siblings who are applying to or currently enrolled at HOPE.  
**You must submit separate applications for each sibling that is applying.**

1. Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship: \_\_\_\_\_  Applying  Enrolled at HOPE

2. Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship: \_\_\_\_\_  Applying  Enrolled at HOPE

**How did you hear about HOPE?**

- Advertisement (Facebook, etc.)  School Fair/Open House  
 Hope School Rep (Teacher, Director etc.)  Internet Search (Google, Bing, etc.)  
 Referred by: \_\_\_\_\_

I hereby grant The Hope Learning Academy permission to use the pupil record of the student named above for evaluation and research purposes, under the condition that all information from this record be used under strict conditions of anonymity and confidentiality.

*Applications received after March 24, 2021 are added to the waitlist in the order that they are received. Waitlist closes September 17, 2021. You may re-apply for the following school year if your child does not get accepted. Applications for 2022-23 will be available October 1, 2021.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_