

**HOPETREE ACADEMY
 ADMISSIONS APPLICATION
 862 Mount Vernon Lane
 P.O. Box 849
 Salem Virginia 24153
 P: (540) 389-4941
 F: (540) 444-7309**

Date:		Date School Placement is needed:	
Referral Source: (Parent/Guardian, Local Education Agency (School District), or other Agency):			
Relationship to Student:			
Student's Current Local Education Agency (School District):			
School Name:	School Address:	School Phone:	School Fax:
Student's Current Placement (If different from home school)			
School Name:	School Address:	School Phone:	School Fax:
Student's Full Name:			
Race:	Sex:	Date of Birth:	SSN:
Testing ID # (STI):			
Student's Testing Identification Number (STI):			
Parent's / Legal Guardian's Name:			
Parent's / Legal Guardian's Address:			
Parent's / Legal Guardian's Phone Numbers / Email			
Home Number:	Cell Number:	Work Number:	Email Address:

Emergency Contacts			
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
Name:	Relationship:	Phone Number:	
Current/Past Agency Involvement if applicable:			
Social Services:		Name of Contact:	
Mental Health Services:		Name of Contact:	
Youth Services:		Name of Contact:	
Other:		Name of Contact:	
Provide a brief description of the Youth's current educational situation and why an educational placement is needed at HopeTree Academy:			
In order to complete the application process, the following items must be completed and attached in order for HopeTree Academy to consider acceptance:			
<input type="checkbox"/> Current IEP and Addendums <input type="checkbox"/> Most recent Eligibility <input type="checkbox"/> Behavior Intervention Plan (BIP) <input type="checkbox"/> Functional Behavioral Assessment (FBA) <input type="checkbox"/> Most Recent Psychological Report <input type="checkbox"/> Most Recent Report Card		<input type="checkbox"/> Most Recent Transcript <input type="checkbox"/> Most Recent Class Schedule <input type="checkbox"/> Discipline Records <input type="checkbox"/> Available Discharge Summaries. <input type="checkbox"/> Comprehensive Physical and Immunization Records <input type="checkbox"/> Other:	
Please attach copies of the records and reports specified above and send to:		HopeTree Academy ATTN: HopeTree Academy School Social Worker 862 Mount Vernon Lane P.O. Box 849 Salem Virginia 24153 Fax (540) 444 - 7309	

Revision Date: February 2020