

# Dr. D.D. Brown Academy of Hope

Accredited by the Christian Schools of Florida &

The National Council on Private School Accreditation

## **Application for Admission** **\$50 Application Fee due with this form** **For Office Use Only**

_____ Date Application Received
_____ Application Fee Paid

### **Student Information**

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_ / \_\_\_\_

Student's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_

Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Parent/Guardian Information**

#### **Father/Guardian**

Title (Circle one) Dr. Rev. Mr.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Title/Position \_\_\_\_\_

#### **Mother/Guardian**

Title (Circle one) Dr. Mrs. Ms.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Title/Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Fax \_\_\_\_\_ Work Fax \_\_\_\_\_

It is the policy of Dr. D.D. Brown Academy of Hope to accept applicants without regard to economic, social, racial, or denominational status.

If parents are separated or divorced, please list the name, address and phone number of the other parent if you desire for him/her to receive correspondence from the school.

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ School  
Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ School  
Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ School  
Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_ School  
Attending \_\_\_\_\_

**Grandparents**

Please list the name and complete address of grandparents so we can keep them informed of activities and events during the school year.

**Paternal**

**Maternal**

Names \_\_\_\_\_ Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Educational Information**

Please list Street Address \_\_\_\_\_

Of schools previously attended, starting with the most recent:

School \_\_\_\_\_ For which grades? \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Phone \_\_\_\_\_  
School \_\_\_\_\_ For which grades? \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Ph \_\_\_\_\_  
School \_\_\_\_\_ For which grades? \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

**For the following questions, please explain on a separate sheet any "yes" responses.**

Yes No Has this student ever been suspended, expelled or asked to withdraw from and school attended?

Yes No Has this student ever repeated a grade? If yes, which grade? \_\_\_\_\_

Yes No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?

Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?

Yes No Has this student ever either skipped or repeated a grade?

Yes No Are you planning to have your child continue at Dr. D.D. Brown Academy of Hope through Middle School?

Yes No Is this your child's first school experience?

**Other Information**

Enrollment Fees:

Tuition K-12 \$5900.00 Fees for Books \$625.00 Fees for Registration \$125.00, Fees for Uniforms \$200.00, Fees for testing-\$150.00, and \$100 for miscellaneous fees. Who or what led you to Dr. D.D. Brown Academy of Hope \_\_\_\_\_

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Why do you desire your child to attend Dr. D.D. Brown Academy of Hope?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your expectations of the school. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooperation Agreements**

In partial fulfillment of its desire to see the vision of Dr. D.D. Brown Academy of Hope realized both within and without its institutional walls. Dr. D.D. Brown Academy of Hope sets forth the following as agreements expected from, and made with, students and parents alike.

**Student Cooperation Agreement**

- 1. I commit to strive for excellence in all that I do as a student, whether in heart or in head.
- 2. I commit to cooperate obediently and respectfully with all those in authority over me.

3. I commit to submit obediently and respectfully to administrative policies of the school, including those of conduct and dress code.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
( To be signed by all incoming students, Grades 3 or higher.)

**Parent/Guardian Cooperation Agreement**

1. I commit to support the school with my time, talent and treasure to the best of my ability.
2. I commit to comply with all pertinent administrative policies of the school, including those academic standards, discipline, and dress code.
3. I commit to respect the final professional judgment of the school regarding my child’s/children’s grade-level placement and continued enrollment in Dr. D.D. Brown Academy of Hope.
4. I commit both to remain in regular and open communication with my child’s/children’s teacher(s) and to ensure that the formal education begun in the classroom continues in the home, whether as study, homework or work-ethic formation.
5. I commit to bear financial responsibility for any and all damages caused to school property by my child(ren).
6. I have read and understand the Financial Information.

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

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