

## Dr. D.D. Brown Christian Academy of Hope

907 SW 3rd St., Address Ocala, Florida 134471

Phone : 352-433-2217 Fax: 352-433-2731

### Application for Admission

#### \$125 ADULT EDUCATION Application Fee due with this form

Student Information Applying for Grade \_\_\_\_\_ School Year \_\_\_/\_\_\_ Phone # \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Name \_\_\_\_\_ Jr. Etc.

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ last grade completed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth -City \_\_\_\_\_ Birth County \_\_\_\_\_ Birth State \_\_\_\_\_

Birth Country \_\_\_\_\_ Citizenship \_\_\_\_\_ What Date did you enter the U.S. Mainland  
(Any of the 50 states) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Do you fit homeless profile? Yes or no

Have you ever served in the uniformed services? Yes or no

*\*The social security number is collected to be used as the student identification number in the management information system maintained by the school (Florida Statue 1008.386) providing social security number is optional.*

*Please list the name and complete address of all previous schools attended as an adult including CTAE.*

School Name \_\_\_\_\_ Last grade completed at this school year \_\_\_\_\_

Name used \_\_\_\_\_ Street Address \_\_\_\_\_

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

Please provide a copy of any tested results such as Stanford 10 FCAT Scores ACT or SAT scores along with the application. This complete information must be submitted to have your transcripts evaluated.

### Educational Information

What is the last grade you completed in High School? \_\_\_\_\_

Please list schools previously attended, starting with the most recent:

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ School \_\_\_\_\_ or which grades? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 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 Have you ever repeated a grade? If yes, which grade? \_\_\_\_\_

Yes No Have you ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?

Yes No Are you currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?

Yes No Have you ever skipped or repeated a grade?

Yes No Are you planning to further your education beyond high school?

Yes No Is this first school experience in the United States?

Other Information for Registration \$125.00

For testing 150.00, For uniform \$200, and Administrative fees \$100.

Who or what led you to Dr. D.D. Brown Christian Academy of Hope?

\_\_\_\_\_

Why do you desire to earn your high school diploma?

\_\_\_\_\_

\_\_\_\_\_

Describe your expectations of the school.

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**Cooperation Agreements:**

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

**Student Cooperation Agreement**

I commit to strive for excellence in all that I do as a student, whether in heart or in head.

I commit to cooperate obediently and respectfully with all those in authority over me.

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

I agree to support the school through positive comments in the community and through becoming a member of the school alumni association.

I agree to be an active member of the school recruitment team by enrolling my child/ren or recommending others for enrollment in the school.

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

**Cooperation Agreement**

I commit to support the school with my time, talent and treasure to the best of my ability.

I commit to comply with all pertinent administrative policies of the school, including those academic standards, discipline, and dress code.

I commit to respect the final professional judgment of the school regarding grade-level placement and continued enrollment in Dr. D.D. Brown Christian Academy of Hope.

I commit both to remain in regular and open communication with Dr. D.D. Brown Christian Academy of Hope to ensure that the formal education begun in the classroom continues in the home, whether as study, homework or work-ethic formation.

I commit to bear financial responsibility for any and all damages caused to school property by me.

I commit to speak good of the school and to support the Alumni association that is in place to ensure that others receive the opportunity afforded to me by making periodic donations to the school when I am successfully employed or in college.

I have read and understand the Financial Information.

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

**Family Information**

SPOUSE or Closest Relative not living with you as a permanent contact for you in the future

Title (Circle one) Dr. Rev. Mr.

Title (Circle one) Dr. Mrs. Ms.

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

City_____	City_____
State_____ Zip_____	State_____ Zip_____
Home Phone_____	Home Phone_____
Cell Phone_____	Cell Phone_____
Email_____	Email_____
Work Phone_____ Fax_____	Work Phone_____ Work Fax_____

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

If parents are living, please list the name, address and phone number.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**907 SW 3rd St., Address Ocala, Florida 34471 or 921 SW 3rd St., Ocala, Florida 34471  
Phone : 352-433-2217 or 352-304-5109 Fax: 352-433-2731 Email : ddbcaoh@gmail.com**

**SCHOOL USE ONLY**

**Student ID #:** \_\_\_\_\_ **Entry Code:** \_\_\_\_\_ **Network Access: yes or no**

**Route #:** \_\_\_\_\_ **Health Exam Code** \_\_\_\_\_

Immunization Code: Expiration Date: / / Birth Verification: yes or no  
~ An Equal Opportunity School-

Please submit a two page ESSAY with this application where you discuss the reason you would like to receive your high school diploma and what you expect to achieve from Dr. D.D. Brown Christian Academy of Hope.