



## **Student Enrollment Packet**

Fall 2026 - Spring 2027

Academic Year

4545 N Loop 1604 W,  
San Antonio, TX 78249  
(210) 764- 3100

**Founder and Principal** - *Melissa Routh - Contact Email*  
**School Vice Principal** - *Adriana Trevino - Contact Email*  
**Administrative Assistant** - *Ashley Hibbetts- Contact Email*

Dear Parent/Guardian,

Thank you for your interest in Hope Academy School. We are glad you have chosen our Christ centered school. Hope Academy School is a multi-cultural, Pentecostal ministry of Hope Center Church whose mission is to instruct children in the application of God's principles to daily life as they pursue Christ and His purpose. We focus on ministry, music, and Christian leadership in the business world. This is accomplished through a Bible-based academic program, positive role modeling, and fellowship with other Christian peers.

We use Christian-based curricula in order to ensure a complete education for every child. The curriculum is hand-picked from a variety of curricula to provide a well-rounded education. This curriculum plan provides students with a firm foundation in the fundamentals of education (i.e., reading and mathematics). In the upper grade levels, students are taught using a combination of the best Christian-based college preparatory curriculum available. All curricula used teach character and leadership from a Biblical worldview.

Each week we hold a chapel where the students worship together. At this service, missionaries, pastors, youth leaders, and worship leaders are invited to come and minister to the students. We will also have students lead in music, sermonettes, and prayer. The presence of God is essential in each of these services. Because God is our central focus, teachers also regularly include scripture and Christian character teachings in their academic lessons and personal interactions with our students.

We believe that Christian education must be a partnership with the home, school, and your church community. It is our goal to teach values and character qualities that align with scripture. We welcome you to join our Hope Academy family and look forward to getting to know you better!

Best Regards,

**Melissa Routh**  
Administrator

*"Purposed to Serve those who serve God"*

## Fall 2026 – Spring 2027 Tuition and Fee Schedule

Early Registration Fee: On or Before <u>March 1st</u>	Annual Registration Fee: After <u>March 1st</u>	Late Registration Fee: After <u>August 1st</u>
\$275 per child	\$300 per child	\$325 per child
Curriculum Included	Curriculum Included	Curriculum Included

### **Tuition and Entrance Exam Fee**

- ❖ Kindergarten: \$4,500 per year
- ❖ Grade 1-5: \$5,000 per year
- ❖ Grade 6-8: \$5,500 per year
- ❖ Grade 9-12: \$6,000 per year
- ❖ Entrance Exam Fee 3rd-12th: \$30

### **Tuition Discount and Payment Schedule**

- ❖ Tuition may be paid in full by July 31<sup>st</sup> with a 5% discount, By Semester, or on a ten-month basis beginning in August and ending in May.

### **Family Tuition Reduction**

- ❖ For those with more than one child enrolled:
  - Full tuition for the first child, then a 10 percent yearly reduction for each additional child

### **Minister and Teacher Reduction**

- ❖ Those in full-time ministry or teaching for the school:
  - 50 percent yearly reduction for each child. Registration and curriculum fee must be paid in full.

**\*\*\*Parents who qualify must elect one of the above tuition reductions. Rate reduction options can not be combined.**

**All tuition will be paid via Check, Money Order, Online Transfer, or Certified Funds. If paying by credit card, 3% will be added for processing fees. The non-refundable registration & curriculum fee is due at time of enrollment.**



## HOPE ACADEMY

### Admissions Application

#### Statement of Information Integrity

As part of our commitment to fostering a supportive and comprehensive learning environment, we kindly request your cooperation in completing this application with the utmost integrity and precision. It is imperative that all information provided is truthful, accurate, and completed to the best of your knowledge and recollection.

Your careful attention to detail in answering each section will ensure that we have a complete understanding of your child's unique needs and circumstances. This will enable us to tailor our educational approach to support your child's academic growth and well-being effectively. Please note, Hope Academy is geared towards training willing and eager students in Leadership, Ministry, and Music and is not equipped to handle special needs or reform students. Any history or investigation of drug use, legal violations, or charges against the student of a physical abuse nature may exclude your child from being enrolled at HA. This may also include any students that are more than a year behind in their studies.

We appreciate your cooperation and dedication to your child's educational journey.

**Note:** *This application does not ensure final enrollment but provides information upon which a decision will be based. Hope Academy reserves the right to alter class selection based on final enrollment. Upon acceptance, a copy of the birth certificate and immunization record must be submitted before classes begin or students will be suspended and/or expelled.*

**A. NONDISCRIMINATION POLICY:** Hope Academy admits students of any race, color, nationality, and ethnicity to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its education policies, admissions policies, athletic, and other school administered programs.

## B. GENERAL RECORD INFORMATION :

Student: \_\_\_\_\_

(Last Name) (First Name) (Middle Name)

Application for Grade: \_\_\_\_\_ Gender: Male / Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Student Resides With (Circle all that apply):

Mother      Father      Maternal Guardian      Paternal Guardian      Primary Legal Guardian

Stepmother      Stepfather      Adoptive Parent      Secondary Legal Guardian

Student Social Security Number: \_\_\_\_\_ U.S. Citizen: Yes / No Country: \_\_\_\_\_

### Guardianship Information

**Father's/Guardian's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Father/Guardian Email Address: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Employer \_\_\_\_\_ Wk. Phone (\_\_\_\_\_) \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Mother/Guardian E-Mail Address: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Mother's/Guardian's Employer \_\_\_\_\_ Wk. Phone (\_\_\_\_\_) \_\_\_\_\_

### \*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

CONFIRMED GRADE\_\_\_\_ BIRTH CERT\_\_\_\_ IMMRCD\_\_\_\_ REPORT CARD/TRANSCRIPT\_\_\_\_ DISCIPLINE RCD\_\_\_\_  
FDL\_\_\_\_ MDL RECOMMENDATIONS: PASTOR\_\_\_\_ TEACHER\_\_\_\_ INTERVIEW\_\_\_\_

**C. PARENT QUESTIONNAIRE:** *(Attach additional sheets if necessary)*

1. What inspires you to choose Hope Academy for your child?

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2. What do you see as your child's most significant strengths?

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3. What do you think your child needs the most in the areas listed below?

Spiritual Need:

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Behavioral Needs:

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Social Needs:

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3. **Continued:** "What do you think your child needs the most in the area listed below?"

Emotional Needs:

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4. Has your child faced any academic, behavioral, emotional, or physical difficulties that may necessitate special services from a therapist, psychologist, medical doctor, or another specialist? If so, please provide additional details.

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5. Does your child have a current diagnosis of any learning or health condition? If so, please provide details.

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6. What church do you and your family currently attend ?

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7. Do you and your family attend your church regularly? (*at least twice per month*)?      YES      /      NO

8. How often do you and your family attend your church?

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**D. PROSPECTIVE STUDENT QUESTIONNAIRE (Grades 5-12):**

To be completed by the student.

1. Have you used drugs, alcohol, or tobacco within the last 12 months? If yes, please explain.

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2. What subjects do you find most inspiring and engaging?

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3. Which subjects do you find most challenging and need extra help with?

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4. Why do you feel you should be accepted as a student at Hope Academy?

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5. Who/what inspired you to attend Hope Academy? \_\_\_\_\_

6. What is one thing you hope to avoid at HA that you couldn't escape in your last school?

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### **E. AFFIRMATION:**

By signing below, you acknowledge that you have read and understood this section. Furthermore, you affirm that all information provided in this application is truthful and accurate according to the terms outlined above.

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the subsequent rejection/disqualification of this application or suspension when found out.

**Student Signature** (Grades 5-12) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Principal, Counselor or Teacher Recommendation Form  
(Students in Grades 5-12 Only)**

Recommendation must be received for the application to be complete

Applicants First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: \_\_\_\_\_

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

**INSTRUCTIONS TO APPLICANT/PARENT/GUARDIAN:** Please complete items 1-2, then give this form to an authorized individual at your child's current school and ask that it be completed and returned to the registrar as per the instructions on the next page. The person completing the form may also email it to the school at [HopeAcademySanAntonio@gmail.com](mailto:HopeAcademySanAntonio@gmail.com)

Please sign the following waiver form: I the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this "Confidential Principal, Counselor, or Teacher Recommendation Form".

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO PRINCIPAL, COUNSELOR, OR TEACHER:** Please complete this form as carefully and thoughtfully, and mail or email it directly to the school as soon as possible. Since we expect straightforward comments, we will treat all information as strictly confidential. We appreciate your assistance.

Name of individual completing form: \_\_\_\_\_

Title of individual completing form: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_

1. Does the candidate have any significant limitations? (physical, social, emotionally):

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2. Is the candidate's record with you a true indication of ability, or have outside circumstances interfered with academic achievement? (i.e. illness, excessive involvement in extracurricular activities, difficult home situations, etc.)

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**2. Continued:**

a. If this is not a true indication, please explain:

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3. This student has been sent to the office for disciplinary problems (circle the most applicable):

Often      Somewhat Often      Not Often      Seldom      Never

4. This student has been suspended.      YES      NO

5. If Yes, how many times has this student been suspended? \_\_\_\_\_

6. Has the student been expelled and ineligible to return to your institution next year?      YES      NO

Please indicate your ratings of the students performance by number in the right-hand columns. Write "NA" where you have insufficient experience. Your evaluation of the applicant will be of invaluable assistance to the Admissions Office and your comments will be held in strict confidence.

	5	4	3	2	1	Rating Given
<b>ACADEMIC ABILITY</b>	Exceptional	Above Average	Average	Below Average	Poor, Academic Performance	
<b>INITIATIVE, DRIVE</b>	Outstanding	Above Average	Average	Lacking Drive	No Initiative	
<b>PARENTAL SUPPORT</b>	Exceptional	Strong Support	Average	Sometimes not supportive	Not Supportive	
<b>PEER RELATIONSHIPS</b>	Highly Respected, Well Liked	Respected, Liked	Accepted	Difficulty Connecting	Poor Peer Connections	
<b>RESPECT FOR AUTHORITY</b>	Thrives Working with Authority	Works Well with Authority	Indifferent to Authority	Periodic Resistant to Authority	Rebellious to Those in Authority	
<b>CONDUCT</b>	Outstanding in Every Aspect	Generally Excellent	Good or Acceptable	Occasional Misconduct	Poor or Intolerable Conduct	
<b>INTEGRITY</b>	Exceptional Upright	Notable Upright	No Cause for Concern	Questionable Judgment	Record of Dishonesty	
<b>PERSONAL QUALITIES</b>	Superior Personal Qualities	Great Personal Strengths	Strengths Outweigh Weaknesses	Somewhat Immature for Age	Very Immature for Age	
<b>EMOTIONAL STABILITY</b>	Extremely well Balanced	Well balanced	Usually No Problems	Some problems	Many Problems	
<b>INTEREST IN EXTRA ACTIVITIES</b>	Outstanding	Commendable, Next to Top Activities	Active	Minimal Interest	Does Not Participate	
<b>LEADERSHIP</b>	Outstanding Leader	Commendable, Next to Top Positions	Capable, Minor Leadership	No Sign of Leadership	Record of Irresponsibility	
<b>SUMMARY AS A STUDENT</b>	Outstanding	Above Average	Average	Below Average	Poor	

SUMMARY AS AN INDIVIDUAL	Outstanding	Above Average	Average	Below Average	Poor	
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Please provide any additional thoughts, relevant information, outstanding talents/accomplishments, or reservations not covered by the above categories:

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**Please mail the recommendation to:**

Hope Academy  
 Attn: School Registrar  
 4545 N Loop 1604 W  
 San Antonio, TX 78249

**Or email it to:**

[HopeAcademySanAntonio@gmail.com](mailto:HopeAcademySanAntonio@gmail.com)

**If you have any questions, please call [619-607-0399](tel:619-607-0399)**



**Personal Recommendation for Applicant  
(Students in Grades 5-12 Only)**

Recommendation must be received for the application to be complete

Applicants First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Address: \_\_\_\_\_

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

**INSTRUCTIONS TO APPLICANT:** Once you've filled out the sections below, please hand this form to your minister, children's pastor, or youth pastor. Don't forget to include a stamped envelope addressed to Hope Academy Registrar. Alternatively, if it's more convenient, feel free to email the completed form directly to the school at [HopeAcademySanAntonio@gmail.com](mailto:HopeAcademySanAntonio@gmail.com)

**Please complete and sign the waiver form below:**

I, the undersigned, voluntarily relinquish any rights or privileges granted by Public Law 93-380 to review or contest the content and remarks contained in this "Personal Recommendation for Applicant."

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO MINISTER OR PASTOR:** Please complete this form as carefully and prayerfully, and mail or email it directly to the school as soon as possible. Since we expect straightforward comments, we will treat all information as strictly confidential. Alternatively, if it's more convenient, feel free to email the completed form directly to the school at [HopeAcademySanAntonio@gmail.com](mailto:HopeAcademySanAntonio@gmail.com)

We appreciate your assistance.

**APPLICANT INFORMATION:**

1. How long have you known the applicant? \_\_\_\_\_
2. Please comment on the nature of your association with the applicant. \_\_\_\_\_
3. Please comment on your perspective of the applicant's spiritual, behavioral, and social life.

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4. Please comment on the applicant's home environment. (how guardians provide spiritual and moral guidance, as well as the relationship dynamics among family members)

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5. To the best of your knowledge has the applicant accepted the Gospel of Jesus Christ?

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6. Does the applicant demonstrate a positive response to leadership in their home, church, and school environments?

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7. Are you aware of any physical limitations or emotional challenges that might impede the applicant's performance in a rigorous academic setting?

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8. Are you aware of any physical limitations or emotional challenges that might impede the applicant's performance in a rigorous academic setting?

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9. What unique skills do you believe the applicant possesses?

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10. What do you think is the applicant's main motivation to attend Hope Academy?

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11. In what ways do you feel the applicant has contributed to your church, community, and God's Kingdom?

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12. Based on your knowledge of the applicant, how do they typically approach situations involving smoking, alcohol, or drug use?

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13. From your perspective, have you observed evidence of a sincere faith commitment in the applicant's life, along with ongoing growth in spiritual maturity? We welcome any comments you feel comfortable sharing.

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14. "To your knowledge, has the applicant ever been suspended or faced any significant disciplinary actions while in school?"

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15. Are you aware of any past legal issues involving the applicant that might be important for us to consider in evaluating their readiness for Hope Academy?

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16. Based on your experience, how would you describe the applicant's use of language—particularly in terms of appropriateness and respectfulness?

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17. In terms of personal growth, what do you believe will be the greatest challenges for the applicant in living a consistent, Christ-centered lifestyle?

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18. Based on your experience, does the applicant demonstrate the initiative, resolve, and commitment to go above expectations and serve as a positive example among their peers? Please elaborate if possible.

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**Circle the classification that best fits the applicant. Please circle one answer per grouping.**

<b>Motivation</b>	Highly Motivated	Generally Motivated	Inconsistently Motivated	Unmotivated	Disengaged/ Resistant
<b>Responsibility</b>	Exceptionally Responsible	Generally Reliable	Occasionally Inconsistent	Frequently Unreliable	Consistently Irresponsible
<b>Integrity</b>	Consistently Trustworthy	Generally Trustworthy	Situationally Trustworthy	Questionable Judgment	Fundamentally Untrustworthy
<b>Servant-Heartedness</b>	Genuinely Servant-Hearted	Willing and Supportive	Occasionally Self-Focused	Reluctant to Serve	Self-Serving or Dismissive
<b>Teachability</b>	Highly Teachable	Generally Receptive	Selectively Teachable	Reluctant to Learn	Resistant or Unresponsive
<b>Interpersonal integration</b>	Very Teachable	Receptive to Feedback	Occasionally Open to Learning	Resistant to Guidance	Uncoachable

**Final Recommendation:**

Based on your experience, would you recommend that Hope Academy accept this applicant?  
Please feel free to provide any additional comments, and use a separate page if necessary."

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Print Name: \_\_\_\_\_ ChurchName: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Role at the Church \_\_\_\_\_

**Please mail the recommendation to:**

Hope Academy  
Attn: School Registrar  
4545 N Loop 1604 W  
San Antonio, TX 78249

**Or email it to:**

[HopeAcademySanAntonio@gmail.com](mailto:HopeAcademySanAntonio@gmail.com)

**If you have any questions, please call (619) 607-0399.**



**HOPE ACADEMY**  
**Student Information Form**

School Year \_\_\_\_\_ - \_\_\_\_\_

Grade \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Father's/Primary Guardian's Name:** \_\_\_\_\_

Hm. Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Employer: \_\_\_\_\_ Wk. Phone: (\_\_\_\_\_) \_\_\_\_\_

**Mother's/Secondary Guardian's Name:** \_\_\_\_\_

Hm. Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Mother's/Guardian's Employer : \_\_\_\_\_ Wk. Phone: (\_\_\_\_\_) \_\_\_\_\_

**Child's Primary Guardianship:**

**Name of Persons Authorized to Pick-Up This Child** (other than guardians listed above):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact: (\_\_\_\_\_) \_\_\_\_\_

**Allergy and Medical Information:**

Does your child require medications that will need to be administered during school hours? **YES** **NO**

If so, Please provide medication names and medication administration instruction below:

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Do you authorize the school to administer over-the-counter medications—such as age-, weight-, and dosage-appropriate pain relievers, anti-itch creams, or anti-nausea treatments—to your child as needed, without prior notification, unless otherwise specified in writing **YES** **NO**

Does your child have any medical conditions or known allergies to foods, medications, or materials that the school should be aware of in order to ensure their safety and well-being?

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**Alternate Emergency Contact** (Authorized Adult if Parent/Guardian is Unreachable):

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Child's Physician:**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

The school has my permission to call the above-named physician to share and/or obtain medical information in case of an emergency when as a parent I cannot first be reached. **YES** **NO**

**Current Health Insurance (Required):**

Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Number/Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Hope Academy enrollment policy requires that you provide Health Insurance information in case of emergency. By signing below, you agree to mediation in case of accident or injury. You agree to not sue Hope Center Church or Hope Academy as a ministry of Hope Center Church in the court of law, but to work together in good faith to find a reasonable resolution for both parties in case of accident or injury. See the Binding Arbitration Agreement for further information and clarification.

I understand my child must have health insurance provided by me and I agree to mediation in case of accident or injury:        **YES**        **NO**

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

**Emergency Treatment and Transport:**

The school has my permission to allow emergency personnel to treat and transport my child to the nearest and/or most appropriate medical center or hospital in the event of an emergency.        **YES**        **NO**

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

# Hope Academy

## HEALTH RECORD

\_\_\_\_\_  
Student's Last Name, First Name, Initial

Gender:    Male    Female    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Birth Date

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address	City	State	Zip
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**Emergency Contact:** \_\_\_\_\_  
Relationship Phone #

Relationship	Phone #
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Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Past Illnesses – If your child has experienced any of the following conditions, please indicate the illness with a check mark and the age/year (ex. 11/2018) at which they occurred.**

- ☐ Mumps \_\_\_\_\_
- ☐ Diphtheria \_\_\_\_\_
- ☐ Polio \_\_\_\_\_
- ☐ Measles \_\_\_\_\_
- ☐ Scarlet Fever \_\_\_\_\_

- ☐ Convulsions \_\_\_\_\_
- ☐ Whooping Cough \_\_\_\_\_
- ☐ Rheumatic Fever \_\_\_\_\_
- ☐ Heart Disease \_\_\_\_\_
- ☐ Asthma \_\_\_\_\_

- ☐ Chicken Pox \_\_\_\_\_
- ☐ Diabetes \_\_\_\_\_
- ☐ Hay Fever \_\_\_\_\_
- ☐ Pneumonia \_\_\_\_\_
- ☐ Discharging Ears \_\_\_\_\_

Has your child had a skin test for tuberculosis?    YES    NO

Date administered \_\_\_\_\_

Has he/she been associated with a tubercular patient?    YES    NO

When?

Has your child been diagnosed with HIV/AIDS?    YES    NO

When? \_\_\_\_\_





**Please Indicate with a check mark all of the Symptoms your child has experienced in the last 6 to 12 months**  
(Please check any applicable items.)

☐ Four or more colds  
yearly \_\_\_\_\_

☐ Fainting Spells  
\_\_\_\_\_

☐ Hearing difficulty  
\_\_\_\_\_

☐ Frequent sore throat  
\_\_\_\_\_

☐ Abdominal pain  
\_\_\_\_\_

☐ Tires easily \_\_\_\_\_

☐ Poor Vision  
\_\_\_\_\_

☐ Frequent  
urination \_\_\_\_\_

☐ Shortness of Breath  
\_\_\_\_\_

☐ Frequent leg pains  
\_\_\_\_\_

☐ Allergy \_\_\_\_\_

☐ Hernia (rupture)  
\_\_\_\_\_

☐ Dizziness  
\_\_\_\_\_

☐ Persistent cough  
\_\_\_\_\_

☐ Ringworm  
\_\_\_\_\_

☐ Frequent Styes  
\_\_\_\_\_

☐ Speech difficulty  
\_\_\_\_\_

☐ Nose bleeding  
\_\_\_\_\_

☐ Dental defects  
\_\_\_\_\_

☐ Crippling conditions  
\_\_\_\_\_

☐ Growing  
Pains \_\_\_\_\_

Does your child have a disability resulting from a medical condition or injury?

\_\_\_\_\_

Is your child currently under the care of a physician?

YES

NO

If yes, please provide the specific diagnosis:

\_\_\_\_\_

Please list any medications your child is currently taking:

\_\_\_\_\_

\_\_\_\_\_

Are there any specific instructions or special considerations regarding your child's care or medication?

\_\_\_\_\_

\_\_\_\_\_

Additional information or important details we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

# HOPE ACADEMY

## Binding Arbitration Agreement

Binding arbitration is a form of alternative dispute resolution (ADR) in which two or more parties agree to resolve their disputes outside of a courtroom, using a neutral third party (an arbitrator) who listens to both sides and makes a final decision. In binding arbitration, the decision is legally enforceable and typically cannot be appealed, except under very limited circumstances.

### Section 1 – Agreement to Arbitrate

In recognition of the scriptural principles encouraging Christians to resolve disputes privately and peacefully (1 Corinthians 6:1–8), the undersigned parent(s) and/or guardian(s) agree that any claim or dispute arising out of or relating to their relationship with Hope Academy—including disputes related to enrollment, school discipline, or other school matters—shall be resolved through **binding arbitration** rather than through litigation in civil court.

This agreement does not waive the right to seek **judicial confirmation of an arbitration award** or any other remedies specifically provided under the **Texas Arbitration Act (Tex. Civ. Prac. & Rem. Code §171)** or **Federal Arbitration Act**, as applicable.

### Section 2 – Christian Dispute Resolution and Notice

The parties agree to make every reasonable effort to resolve disputes in a manner consistent with biblical principles of reconciliation and mutual respect. If resolution cannot be reached within sixty (60) days of written notice of the dispute, either party may initiate binding arbitration in accordance with this agreement.

Written notice of intent to arbitrate must be provided to the other party and should briefly describe the dispute and the relief sought.

### Section 3 – Arbitration Rules and Procedures

Arbitration shall be conducted according to procedures adopted by the School Board and made available to families upon request. Arbitration will be conducted by an impartial third-party arbitrator mutually agreed upon by the parties or appointed in accordance with the Texas Arbitration Act.

All arbitration proceedings shall be held in Bexar County, Texas, unless both parties agree to an alternate location. Each party shall bear its own legal fees, unless the arbitrator determines otherwise. Judgment on the arbitration award may be entered in any court having jurisdiction thereof.

### Section 4 – Voluntary Participation and Scope

This arbitration agreement applies to all claims, known or unknown, existing or arising in the future, while the student is enrolled at Hope Academy. By signing below, I affirm that:

#### Section 4 – Voluntary Participation and Scope Continued:

- I have voluntarily entered into this agreement.
- I understand that arbitration replaces the right to sue in court or have a jury trial.
- I acknowledge that I am not being required to affirm any religious belief as a condition of this arbitration agreement, but that I voluntarily agree to resolve disputes in a manner consistent with Christian values and applicable law.

This agreement shall remain in effect for as long as the student listed below (or subsequently enrolled students) attend Hope Academy.

Printed Name of Child(ren) (Oldest to Youngest)	Grade

\_\_\_\_\_  
Parent/Guardian Signature: Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature: Date: \_\_\_\_\_

\_\_\_\_\_  
School Representative Signature: Date: \_\_\_\_\_



## HOPE ACADEMY

### Parent Agreement

#### Welcome to Hope Academy!

At Hope Academy, we are truly blessed to have a warm, supportive, and engaged parent community. We believe that educating children is a shared journey—one that thrives through a strong partnership between families, the school, and your home church. When we work together with mutual respect and shared purpose, we create a nurturing environment where students grow in character, faith, and knowledge.

This agreement serves as a thoughtful guide for parents, guardians, and visitors, outlining the expectations and values that help our school community thrive. It reflects our commitment to maintaining a positive, respectful, and Christ-centered atmosphere where every child can succeed and every relationship can flourish.

#### Guidance:

##### We expect parents, guardians, caregivers, and visitors to:

- Respect the school.
- Understand that both teachers and parents need to work together for the benefit of their children.
- Demonstrate that all members of the school community should be treated with respect and therefore set a good example in their own speech and behavior.
- Seek to clarify a child's version of events with the school's view in order to bring about a peaceful solution to any issue.
- Correct your own child's behavior especially when it could otherwise lead to conflict, aggressive behavior, or unsafe behavior.
- Approach the school, not other parents, to help resolve any issues of concern.
- Avoid using staff as threats to admonish children's behavior.

#### ***Romans 13:1-7***

*Let everyone be subject to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God. Consequently, whoever rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on themselves.*

#### Standards for Behavior on Campus

To maintain a peaceful, respectful, and safe environment for all students, staff, and families, Hope Academy expects all parents, guardians, caregivers, and visitors to conduct themselves in a manner that reflects our Christian values. The following behaviors are strictly prohibited and will not be tolerated on school property or during school-related events:

- Disruptive conduct that interferes with classroom instruction, staff duties, school operations, or events held on campus, including sports and extracurricular activities.
- Use of loud, offensive, or profane language, including shouting, swearing, or displaying anger in a manner

inconsistent with Christian character.

- Threats of physical harm directed toward staff members, students, parents, or visitors, regardless of whether such behavior constitutes a criminal offense.
- Vandalism or destruction of school property.
- Abusive or threatening communication, including emails, voicemails, text messages, or any written or verbal messages directed at Hope Academy staff.
- Gossip or inappropriate discussions about the school, staff, students, or other families, whether in person or online, that could cause division or harm to the school community.
- Defamatory, offensive, or derogatory comments—in person or through social media—about the school, staff, students, or families. Concerns must be addressed through the proper channels by contacting the classroom teacher or school administration.
- Confronting or disciplining a child other than your own, under any circumstance. Doing so may be viewed as a legal violation and could result in serious consequences.
- Harassment of any kind against a student or staff member
- Smoking (including e-cigarettes or vaporizers) or using alcohol or drugs while on school property or at school-sponsored events.

## Consequences for Misconduct

Any violation of the above standards by a parent, guardian, caregiver, or visitor will result in immediate and serious consequences. These may include, but are not limited to:

- Loss of access to school events and extracurricular activities
- Suspension or permanent dismissal of the student from Hope Academy
- Notification of and cooperation with local authorities, if warranted
- Any additional action deemed necessary by the Hope Academy Board of Directors

**The Board will determine appropriate disciplinary measures at its sole discretion. Continued enrollment at Hope Academy is a privilege, not a right, and is contingent upon full cooperation with all school policies and expectations.**

### ***Proverbs 19:20***

*“Listen to advice and accept **discipline**, and at the end you will be counted among the wise.”*

## Tuition Policy

Hope Academy operates on an annual tuition model, which supports our commitment to providing consistent instruction and meeting the school’s financial responsibilities, including faculty and staff compensation. As such, students are considered enrolled for the full academic year.

Tuition is calculated based on the full school year and is not subject to adjustment for vacations, holidays, or absences. For students who enroll after the start of the school year, tuition will be prorated based on the number of days remaining in the academic calendar.

Please note that all tuition payments must be current to continue services and any failure to do so may end in expulsion of the student after a reasonable attempt by the school office to work out a payment plan. Children expelled for

non-payment may not be enrolled into the school again until full payment has been made.

## Discipline Policy

Enrollment at Hope Academy is a privilege, not a right. The mission of the school is **not to reform behavior**, but to nurture and equip Christian youth in the principles of leadership, self-discipline, personal responsibility, integrity, and citizenship—all rooted in a biblical worldview.

We believe that consistent and Christ-centered loving discipline is essential for the well-being of each student and for maintaining a safe and respectful learning environment. As part of this partnership, parents acknowledge and support the authority of the school's teachers and staff to establish and enforce classroom expectations and school-wide policies.

By enrolling your child at Hope Academy, you understand and agree that your student is subject to the school's rules, regulations, and disciplinary procedures. These standards are designed to reflect Christian values and are applied with the intent to guide, correct, and encourage personal growth and accountability.

### **Proverbs 15:32**

*"Those who disregard **discipline** despise themselves, but the one who heeds correction gains understanding."*

### **Proverbs 9:9**

*"Instruct the wise and they will be wiser still; teach the righteous and they will add to their learning."*

## Student Withdrawal & Early Dismissal Policy

### Withdrawal Notice

Families choosing to withdraw a student from Hope Academy are required to provide written notice at least **30 days in advance** of the intended withdrawal date. This allows the school adequate time to make necessary adjustments to staffing, resources, and student records.

Please note that tuition is calculated for the full academic year. As such, families remain **financially responsible for the full year's tuition**, regardless of the student's withdrawal date, unless **special arrangements have been approved in writing by the School Board**.

### Early Pick-Up

In order to preserve the integrity of instructional time and minimize classroom disruption, early student pick-ups should be limited to essential situations, such as **scheduled medical or dental appointments**. When early dismissal is necessary, parents are expected to notify the school in advance and provide appropriate documentation (such as a doctor's note) to excuse the early departure.

Frequent early pick-ups—like tardiness—result in lost learning time and can impact a student's academic progress. We appreciate your partnership in ensuring your child's consistent and timely attendance.

## Lockers and Desks Policy

At Hope Academy, student lockers and desks are provided as a convenience to support learning and organization throughout the school day. These spaces are the property of the school and are intended for educational use. To ensure the safety and well-being of all students, **school staff reserve the right to inspect and search lockers, desks, and the contents within them—including unlocked backpacks, purses, and personal items—at any time, with or without prior**

notice.

We are committed to maintaining a safe, respectful, and Christ-centered environment. For this reason, **certain items are strictly prohibited on school grounds**, including:

- Drugs or controlled substances
- Alcohol, tobacco products, and vaping devices
- Weapons or any related items
- Drug or weapon-related paraphernalia
- Sexually explicit, obscene, or adult content in any form (printed or digital)
- Any materials deemed unsafe, illegal, or inconsistent with our Christian values

Possession of such items will result in disciplinary action and may involve notification of appropriate authorities, depending on the nature of the situation.

While we strive to maintain a secure environment, **Hope Academy cannot be held responsible for lost, stolen, or damaged personal belongings**. Students are encouraged to bring only necessary items to school and to use school property responsibly.

We appreciate your cooperation in helping us create a safe and positive space for all members of the Hope Academy community.

## Family Partnership Expectations

At Hope Academy, we value strong partnerships with our families as essential to supporting each child's spiritual and academic growth. Our school community is built on shared values, mutual respect, and a commitment to working together toward a common purpose. As part of this partnership, we ask families to support the following key areas that help shape a thriving school environment:

### Church Involvement

Active participation in a local church is a foundational part of life at Hope Academy. We ask that families attend church regularly, with a minimum expectation of **twice per month**. Additionally, we encourage **5th through 12th grade students to participate in youth group activities** as a way to grow in their faith and build positive peer relationships. As the spiritual leader of the home, we ask parents/guardians to model and support consistent church engagement as an extension of the biblical values taught at school.

### Fundraising Participation

Fundraising plays an important role in enhancing the educational experience at Hope Academy. Funds raised help us provide valuable resources such as updated technology, classroom equipment, safety upgrades, and enrichment opportunities. We encourage every family to participate joyfully and generously in our fundraising efforts, as each contribution—big or small—directly benefits our students and helps advance the mission of the school.

## Liability and Dispute Resolution

In alignment with our Christian values and commitment to peaceable resolution, families agree to be bound by our **Binding Arbitration Agreement** in the event of a dispute. By signing this agreement, families hold the school and its agents harmless from liability related to injury or alleged injury, and agree not to pursue legal action outside of the arbitration process. Should a family break this agreement and pursue legal action where the school is not found at fault, the family agrees to cover any legal costs incurred by the school in its defense.

We view these expectations not as obligations, but as opportunities to grow together as a Christ-centered community. Your active involvement, spiritual leadership, and support help create a strong, unified environment where students can thrive both spiritually and academically.

## Use of Social Media

At Hope Academy, we strive to cultivate a respectful and unified school community. To support this goal, we ask that all parents, guardians, and students use social media responsibly and refrain from posting content that could be considered defamatory, misleading, or divisive toward the school, its staff, students, or other families.

Social media should never be used as a platform to express grievances, spread rumors, or publicly criticize members of the school community. While we recognize the right to free expression, negative or harmful posts can disrupt the learning environment and damage trust within our community.

**If you have a concern, we encourage you to follow the proper channels by first speaking directly with your child's teacher or a school administrator. This allows for issues to be addressed respectfully, fairly, and in alignment with our Christian values.**

Any student, parent, or caregiver found to be posting inappropriate or defamatory content about Hope Academy may be asked to remove the content immediately. In serious cases, the school may report the incident to the appropriate authorities or the platform involved. Continued or severe violations may result in disciplinary action, including the possible removal of a student from enrollment.

We appreciate your cooperation in helping protect the integrity and unity of our school community—both in person and online.

Absolutely! Here's a refined and professional version of your passage, with a tone that is both firm and encouraging, while remaining clear and parent-focused:

## Cyberbullying and Community Support

In addition to general social media expectations, **cyberbullying**—including the use of digital platforms by a student, parent, or caregiver to publicly embarrass, harass, or target another member of the school community—is taken very seriously. Any form of online behavior that seeks to harm or humiliate others will be treated as a serious violation of our school's anti-bullying policy and addressed accordingly.

We rely on the cooperation of parents and caregivers to model and reinforce respectful, Christ-centered communication, both in person and online. Your support is essential in maintaining the culture of grace, accountability, and unity that we strive to build at Hope Academy.



**Acknowledgment of Agreement**

This **Parental Agreement and Code of Conduct** remains in effect for as long as your child(ren) are enrolled at Hope Academy—whether in elementary, middle, or high school.

Should your family’s circumstances change (such as a change in marital status), it is your responsibility to notify the school and update your signed agreement accordingly.

As a parent, you play an essential role in the mission of Hope Academy. We view the school as an extension of the Christian home, and we deeply value your partnership. By signing this agreement, you affirm your commitment to supporting the school’s leadership, policies, and practices in a spirit of cooperation and prayerful encouragement. Together, we can provide your child with the strongest possible foundation for faith, character, and academic success.

I have read and understand the above information and request that my child be accepted to attend Hope Academy.

Printed Name of Child (Oldest to Youngest)	Grade

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

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

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

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

# HOPE ACADEMY

## Photo/Audio/Video Release Form

Throughout the school year and/or summer activities at Hope Academy (HA), there may be times when staff, the media, parents, or other organizations (with the approval of the school administration) may take photographs and/or audio or video recordings of students and/or their work at HA. These still images and/or sound media may be used in publications; yearbooks; class pictures; video productions; on school-related websites or social media; in the news media; in other non-profit, education-related publications, etc. At times, the administration, teachers, and/or coaches also like to celebrate our students on their personal social media such as Facebook or other social media using photographs and/or audio or video recordings.

Please complete this form for each of your children who attend HA and return it to the school upon enrollment.

**Note that if this form is not returned, the school will assume that permission has not been granted** for your child's photograph and/or audio or video recordings of them and/or their work. All permissions whether inferred or written will remain in effect indefinitely until revoked in writing. I agree that all rights to the sound, still, or moving images and recordings belong to HA or the employees. If permission was not granted, I understand that I may grant permission at any time by completing another Photo/Audio/Video Release Form and submitting it to the school.

**Check each box as it applies to which permissions are granted or not granted.**

- ☐ I hereby grant Hope Academy permission to photograph my child **only for class pictures, and the yearbook.**
- ☐ I hereby grant Hope Academy permission to use my child's photograph and/or audio or video recordings or images for **any of the purposes mentioned above.**
- ☐ I hereby grant Hope Academy faculty and staff permission to use photographs and/or audio or video recordings on the **school's websites or social media accounts** for the purposes mentioned above. This release is effective immediately and will remain in effect indefinitely unless written notification is provided to the school.
- ☐ I do not grant Hope Academy or its employees permission to use photographs and/or audio or video recordings **for any reason.**

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

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

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

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

# Transportation Waiver of Liability and Hold Harmless Agreement

## State of Texas

This agreement is entered into by the undersigned parent(s)/legal guardian(s) ("Parent") and **Hope Academy** ("School") regarding the transportation of student(s) to and from off-campus, school-sponsored events.

Hope Academy does **not** own or operate any school buses or official vehicles for student transportation. Therefore, participation in any school-sponsored off-campus activity (such as field trips, athletic events, service projects, or academic excursions) may require that your child(ren) be transported in **privately owned vehicles** driven by school staff, volunteers, or parents.

Hope Academy requires that all volunteer drivers must meet the following minimum standards:

- Possess a valid state-issued driver's license
- Maintain current liability insurance as required by Texas law
- Drive a vehicle with a current state inspection and registration
- Successfully pass a criminal background check conducted by the school or its designated agency

By signing below, the Parent acknowledges and agrees to the following:

1. **Acknowledgment of Risk**

I understand and acknowledge that my child(ren)'s transportation in a vehicle **not owned or operated by Hope Academy** carries inherent risks, including but not limited to traffic accidents, personal injury, or property damage.

2. **Waiver and Release of Liability**

In consideration of allowing my child(ren) to participate in school-sponsored activities involving private transportation, I hereby **release, waive, and discharge** Hope Academy, its Board of Directors, officers, employees, agents, volunteers, and representatives (collectively, "Releasees") from **any and all liability, claims, demands, actions, or causes of action** arising out of or relating to any loss, damage, injury, or death that may be sustained by my child(ren), or any property belonging to me or my child(ren), during transport to or from school-sponsored events.

3. **Assumption of Responsibility**

I voluntarily accept full responsibility for all risks associated with my child(ren)'s participation in such transportation arrangements and agree that I will not hold the School or its agents liable for any resulting injury, loss, or damage.

4. **Indemnification**

I further agree to **indemnify and hold harmless** the Released from any claims, liabilities, costs, damages, or expenses (including attorneys' fees) that may arise from or relate to the transportation of my child(ren) by non-school-owned vehicles.

5. **Compliance with Texas Law**

This agreement shall be governed by and construed in accordance with the laws of the **State of Texas**. Any disputes arising under or related to this agreement shall be subject to binding arbitration, as outlined in the Hope Academy Parent Agreement.

### Transportation Waiver of Liability and Hold Harmless Agreement Cont.

## 6. Parental Consent and Alternative

By signing this agreement, I give express permission for my child(ren) to be transported by staff, volunteers, or other parents in their personal vehicles, as outlined above. I understand that **if I do not sign this form**, I am solely responsible for transporting my child(ren) to and from all off-campus school events, and that failure to do so may result in my child(ren) being **unable to participate** in those activities.

## 7. Term of Agreement

This agreement shall remain in full force and effect for as long as my child(ren), listed below (or others to be enrolled), attend Hope Academy in any grade level, unless revoked in writing with thirty (30) days' notice.

Printed Name of Child(ren) (Oldest to Youngest)	Grade

\_\_\_\_\_  
Parent/Guardian Signature: Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature: Date: \_\_\_\_\_



## After School Care Program

*After-School care will be offered by Candice LaGrone for the 2026-2027 academic year. Payments and hours are set at her discretion.*

Hope Academy offers an after-school program for your student. This program is offered to students in grades K-12<sup>th</sup>. The program will allow your student to stay after school to complete homework and play games while they wait to be picked up from school.

The afternoon schedule is as follows:

- ❖ 3:30 – 4:15 Attendance/Snack
- ❖ 4:15 – 5:15 Homework/Games
- ❖ 5:15 – 6:00 Recreation/Outdoor Play

The Payment plan for the After School Program is as follows:

- ❖ \$6.00 per hour 1 child
- ❖ \$11.00 per hour 2 children
- ❖ \$15.00 per hour 3 children
- ❖ For children not enrolled in aftercare, every 15 minutes or any part of 15 minutes is \$2.50 per child.
- ❖ If a student is picked up after 6:00 p.m., a late fee of \$1.00 per minute will be assessed.

**All students must be picked up by 6:00 p.m. If you will be late, please contact the Aftercare Attendant at the school phone number.** Please feel free to call the school at [337-853-3113](tel:337-853-3113) if you have any questions.



*The **Afterschool Music Enrichment Program** will be offered by Gabriela Ramirez for the 2026-2027 academic year. Payments and hours are set at her discretion.*

We are pleased to offer an Afterschool Music Enrichment Program for students interested in developing their musical talents beyond the regular school day. This program provides **group instruction** in the following areas:

- Piano
- Voice/Choir
- Percussion (including drums and various percussion instruments)

**Schedule:**

Classes are held from **2:30 PM to 3:30 PM**, Monday through Thursday.

Families may choose to enroll their child in **1, 2, 3, or all 4 days** per week, based on availability and interest.

**Cost:**

- \$15 per class, per day, one hour only
- This fee is **in addition to regular tuition**
- Charges will be billed monthly based on the number of days selected

**Instrument Policy:**

- All lessons are conducted in a **group setting**
- **No instruments will be provided or sold** by the school
- Parents/guardians are responsible for **providing instruments** for at-home practice
- Percussion students must bring their own **drumsticks and/or portable practice pads** when needed

**Program Instructor Contact Information:**

This program is led by **Gabriela Ramirez**. If you have any questions or require further information regarding the Afterschool Music Enrichment Program, please do not hesitate to contact her directly at **(951) 370-5251**.