



Haley's Hope Summer Academy

Removing Barriers. Uncovering Abilities.



Haley's Hope

Dyslexia Learning Center

Application for Admission

Haley's Hope
1150 Prairie Parkway
West Fargo, ND 58078
701-373-0397
www.haleyshope.org



Items Required for Submission

- Pages 3-10 of the Application for Admission
- If you have completed diagnostic testing, please provide.
- If student has an IEP/504, please provide.
- **Application Fee of \$100.** (Non-refundable)
- Summer Academy Tuition Fee of \$1,750.00
(Billed in two parts/February 15th and May 15th)
- All application materials and documentation should be sent to Haley's Hope by **December 31st, 2023.**

Mail to:

Haley's Hope
1150 Prairie Parkway
West Fargo, ND 58078

Next Step:


Once your application has been received, a student screening will occur at Haley's Hope. The student screening is an informal interview that includes a battery of assessments to determine if your child would benefit from this program. The screening provides an opportunity for initial impressions regarding the applicant's academic strengths, weaknesses, and learning style.

Screening should last no longer than 1 hour.

The screening date is January 15th, 2024.

8:00 am – 5:00 pm

*All parents will be notified regarding the acceptance of their child into the 2024 Summer Academy Program no later than February 1st.



Application for Admission

Date of Application _____

Student's Legal Name _____
First Middle Last Preferred Name

Date of Birth _____ Age _____ Current Grade _____

Current School _____ Gender: M F Ethnicity _____

Grade	School	Public	Private	IEP/504
K				
1				
2				
3				
4				
5				
6				

MOTHER ☐ **Mark if primary contact**
Parent/Guardian Contact #1

Name _____
 First *MI* *Last*

Relationship to Applicant
 ○ Biological Parent
 ○ Adoptive Parent
 ○ Foster Parent
 ○ Stepparent
 ○ Other _____

Home Address if different from Applicant

County _____

Primary Phone _____

Primary Email _____

Emergency Contact # _____

FATHER ☐ **Mark if primary contact**
Parent/Guardian Contact #2

Name _____
 First *MI* *Last*

Relationship to Applicant
 ○ Biological Parent
 ○ Adoptive Parent
 ○ Foster Parent
 ○ Stepparent
 ○ Other _____

Home Address if different from Applicant

County _____

Primary Phone _____

Primary Email _____

Emergency Contact # _____

**** All correspondence will be directed to the primary contact as noted above.**

**** In case of an emergency, the number(s) provided above will be used.**

Financial Responsibility Information

Name _____
 First *MI* *Last*

Email _____ Phone Number _____

Address _____



Release of Information

Authorization for Exchange/Share/Release of Information

Haley's Hope will not intentionally disclose or distribute any personal identifying information collected in connection with its services unless permission is granted by the individual or their guardian (if under 18). Haley's Hope makes every effort to keep our students' information confidential.

Exclusions/Exceptions:

- When an individual is a danger to themselves or others
- When an individual discusses abuse/neglect or shows signs of abuse/neglect
- When the organization is court ordered to release information

I understand that I have the right to cancel or change this consent at any time but must notify Haley's Hope in writing to cancel or change the release.

I understand that I consent to both verbal and written communication in regard to the release.

Student Name: _____

Signature of Individual or Guardian (if under 18)

Date

Printed Name

I give Haley's Hope permission to use my child's first name, picture, and/or video in their print and social media. Yes No (Please circle one)

Signature of Individual or Guardian (if under 18)



Medical Information

Physician's name _____ Phone number _____

Place of Employment _____

Please list all your child's diagnoses (educational, psychological, medical):

Diagnosis	Date	Provider

Please list medical conditions, if any:

Is your child currently receiving any medication(s)? Yes No
(Please circle one)

Please list medication(s) and describe condition(s) for which medication is being taken:



Provider Reference

*A copy of this form must be filled in **by each provider** if your child receives services from Occupational Therapy, Speech Language Therapy, Private Tutor, and/or Haley's Hope Literacy Coach. (please make copies as needed)*

Name of Student _____ Date _____

Name of person completing this form _____

Name of facility you work for: _____ Position: _____

How long have you known this student? _____

Is your work with the student currently in-person, remote or hybrid? _____

What skills are you working on with this student?

What is this student's attitude towards learning and responsiveness to instruction?

Does this student have any difficulty paying attention to academic work or sitting through tutorial session? Yes No *(Please Circle One)*

Please Describe:

Additional Comments:



Parent Statement: Mother/Father


1. What are your child's strengths and interests?

2. What are your child's areas of greatest need?

3. How do you hope Haley's Hope Summer Academy will help your child?

4. Any areas of additional concern we should be aware of?

5. Where did you hear about Haley's Hope Summer Academy?



Student Statement

1. What subjects do you like most in school and why?

2. What subjects do you like least in school and why?

3. What do you do in your free time? What are your favorite activities, or hobbies?

4. How would you like Haley's Hope Summer Academy to help you?

Please Note: If the room above does not provide adequate space for your answer, please feel free to attach a separate sheet at the end of the completed application.



Signature of Legal Guardian

All legal guardians must sign off on application

Legal Guardian_____ Legal Guardian_____

Relationship
To Applicant _____ Relationship
To Applicant _____