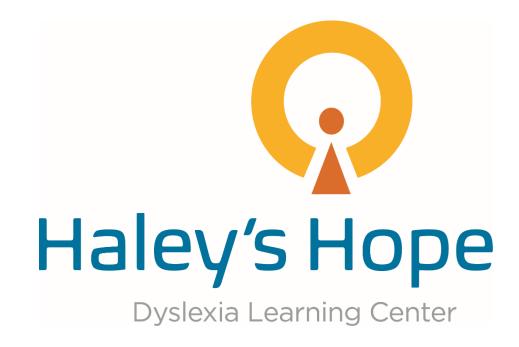
Haley's Hope Summer Academy

Removing Barriers. Uncovering Abilities.



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 31**st, **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				
Studen	t's Legal Name	First	Middle	Last	Preferred Name
Date of	f Birth	Age	Curi	rent Grade	
Curren	t School	G	Gender: M I	F Ethnicity	
Grade	School		Public	Private	IEP/504
К					
1					
2					
3					
4					
5					
6					

MOTHER Mark if primary contact	FATHER Mark if primary contact
Parent/Guardian Contact #1	Parent/Guardian Contact #2
Name	
Name	Name
FIISL IVII LUSL	First MI Last
Relationship to Applicant	Relationship to Applicant
Biological Parent	Biological Parent
 Adoptive Parent 	 Adoptive Parent
o Foster Parent	o Foster Parent
 Stepparent 	 Stepparent
o Other	o Other
Home Address if different from Applicant	Home Address if different from Applicant
County	County
5	Duine and Dhana
Primary Phone	Primary Phone
Primary Email	Primary Email
Filliary Lilian	Trimary Eman
Emergency Contact #	Emergency Contact #
Emergency contact ii	
**All correspondence will be directed to the pr	imary contact as noted above
** In case of an emergency, the number(s) prov	· · · · · · · · · · · · · · · · · · ·
6000 61 611 611 611 611 611 611 611 611	
Financial Respons	sibility 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 nar and social media. Yes No (Please circle one)	ne, picture, and/or video in their print
Signature of Individual or Guardian (if under 18)	

Medical Information

Physician's name		Phone number		
Place of Employment_				
Please list all your child	l's diagnoses (educat	ional, psychological, medical):		
Diagnosis	Date	Provider		
		<u> </u>		
Please list medical cond	ditions, if any:			
Is your child currently r	eceiving any medicat	tion(s)? Yes No (Please circle one)		
Please list medication(staken:	s) and describe condi	ition(s) for which medication is beir	ıg	

<u>Provider Reference</u>

A copy of this form must be filled in <u>by each provider</u> 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	
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	e or hybrid?
What skills are you working on with this student?	
What is this student's attitude towards learning and response	onsiveness to instruction?
Does this student have any difficulty paying attention to a tutorial session? Yes No (<i>Please Circle One</i>)	academic work or sitting through
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?		
4. Any areas of additional concern we should be aware or:		
4. Any areas of additional concern we should be aware or:		
Any areas of additional concern we should be aware or: Solutional concern we should be aware or: Solutio		

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?
lease Note: If the room above does not provide adequate space for your answer, please feel ee 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	Relationship	
To Applicant	To Applicant	