Please, complete this application form to enroll your child in High Hopes Academy. Once completed, submit the form via email or in person to registrar office.

This form does not confirm enrolment. If a place is available, you will receive an enrolment offer before the academic year starting date.

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

**Section 1: Child details**

First Name

Father’s Full Name

Mother’s Full Name

First Language

Second Language

Residential address: City Sub-city House Number

Photo

Date of birth (dd/mm/yyyy)

Gender

Citizenship(s)

Birth Place

Language at Home

Does your child have any additional needs, disabilities or medical conditions that may require support?

If yes, provide details:

Yes No

**Section 2: Parent or Career details**

Relationship to child Relationship to child

First Name First Name

Father’s name (surname) Father’s name (surname)

Mobile number Mobile number

Home phone number Home phone number

Email Email

Photo Photo

Any additional information you'd like to include:

By signing the Enrolment Application Form, the parent(s)/Career(s) certify that, at the time of application, all information pertinent to the assessment and enrollment of a student to High Hopes Academy, have been disclosed.

**Section 3: Disclosure Clause**

If the student is accepted to High Hopes Academy I the parent/career will commit to the following:

* Follow up closely on the student behavior and give appropriate guidance
* Nurture and support the social emotional development of the student
* Follow-up on daily academic progress of the student
* Attend all school orientation, parents conference and special meetings
* Abide by the school manual of the school

Signature below indicates agreement to the above disclosure clause, and support for High Hopes Academy’s mission statement and curricular goal:

Parent or career signature 1 Date (dd/mm/yyyy)

Parent or career signature 1 Date (dd/mm/yyyy)

**Office Use Only**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_ Child Photo

Applying for Level: \_\_\_\_\_\_\_\_ Parent(s)/ guardian(s) Photo

Copy of Passport Copy of Birth Certificate

Student Health form Vaccination Certificate/s

Documents have been received and application has been accepted

Documents have been received and application has not been accepted

Student will enrol in level \_\_\_\_\_\_\_\_\_\_\_\_\_

Admission HHA office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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