

Attention Hope Academy Prospective Parents,

Please fill out the enrollment packet and include a copy of your child's birth certificate, shot records and social security card. Additionally, there is a \$100 enrollment fee per child as well. Please contact us at 580-252-7775 or email us at [office@hopeacademyok.org](mailto:office@hopeacademyok.org).

Thank you for your interest in our school

Sincerely,  
Krista Whitlock  
Principal

# Hope Academy

## 2024-2025 Enrollment Application

OUR MISSION: At Hope Academy, we believe that the heart of education begins with a Christ-centered approach to learning. Essential to this component is the partnership of Christian families and teachers working together to foster a love for learning and the development of virtuous character in our students.

Phillipians 4:8 "Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable - if anything is excellent or praiseworthy think about such things."

### Applicant Information

Grade \_\_\_\_\_

Applicant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle

Applicant Address \_\_\_\_\_  
Street Apt #

City State Zip Home Phone Alternate Phone

Ethnic Background \_\_\_\_\_

School the applicant is currently attending or last attended \_\_\_\_\_  
Name School District

Address City State Zip Phone Number

Has the applicant been retained or recommended for retention?

If yes, please explain. \_\_\_\_\_

Has the applicant been tested, recommended for testing, or received special help for reading or learning differences?

If yes, discuss and include a copy of the report \_\_\_\_\_

Does your child have additional learning concerns?

If yes, please explain \_\_\_\_\_

Please share any additional information you think we should know about your child.

Does the applicant regularly require any medication?

Does the applicant have behavioral concerns we should know about?

If yes, please explain. \_\_\_\_\_

Has the applicant ever been diagnosed with ADD or ADHD?

We need copies of student's prior school records, birth certificate and shot records before they will be admitted to class.

## Family Information

Father's Name _____	Mother's Name _____
or Male Guardian _____	or Female Guardian _____
Address _____	Address _____
Home phone _____	Home phone _____
Cell phone _____	Cell phone _____
Father's employer _____	Mother's employer _____
Work phone _____	Work phone _____
Email address _____	Email address _____
_____	_____
Parent Signature	Parent Signature

### Sibling Information

Sibling #1 Name _____	Grade/Date of Birth _____
Applying to Hope Academy?	Planning to apply in the future?

Sibling #2 Name _____	Grade/Date of Birth _____
Applying to Hope Academy?	Planning to apply in the future?

We first learned of Hope Academy through:

Minister    Word of Mouth    Parents of Hope Academy Student    Internet    Other \_\_\_\_\_

As parents of Hope Academy students, I/we and our children understand and agree to abide by the school's policies, procedures and requirements contained in the handbook.    Yes    No

### OFFICE OF ADMISSIONS

Hope Academy  
P.O. Box 1466  
Duncan, OK 73534-1466  
(580) 252-7775 (580) 252-7779 Fax  
Email: [kwhillock@hopeacademyok.org](mailto:kwhillock@hopeacademyok.org)  
Website [Hopeacademyok.org](http://Hopeacademyok.org)

### Notice of Non-Discrimination Policy as to Students:

Hope Academy accepts students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or 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 educational policies, scholarship programs, and athletic and other school administered programs.

# Hope Academy Parent Questionnaire

We appreciate your interest in enrolling your child at Hope Academy. A healthy partnership between Hope Academy staff and parents is critical to the spiritual and educational success of your child. We believe that fostering this relationship promotes a love for learning and a desire to live a virtuous life. To help us toward this end, we ask you to complete this questionnaire and return it to us along with the completed application.

(Please type or print clearly):

Name of Applicant \_\_\_\_\_

Applying for Grade \_\_\_\_\_

1. Why have you chosen a CHRISTIAN EDUCATION for your child/children?

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2. Why would you like to be a part of Hope Academy?

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3. Are you a Christian?     Yes     No     Undecided

If yes, do you believe that Jesus Christ is the Son of God, that He was born to a virgin, lived as a man and died as a sacrifice for our sins? Do you also believe that God raised him from the dead and believe that it is with your heart that you believe and are justified, and that it is with your mouth that you confess and are saved?

4.                                       Yes     No                                       Yes     No

Have you read the enclosed Doctrinal Statement?

Are there any points within the Statement that cause a concern for you?  
If so, please identify.                                       Yes     No

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## Hope Academy Parent Questionnaire - continued

5. Church Affiliation \_\_\_\_\_ Address \_\_\_\_\_

Please check the appropriate boxes:

**Applicant**

- Attends church regularly
- Attends occasionally
- Does not attend

**Parent**

- Attends church regularly
- Attends occasionally
- Does not attend

6. To best help your child, we need to know if there have been any experiences that will influence the community life at Hope Academy. This includes suspensions, expulsions, problems of violence, or any other behavioral problems at home or at school. **Failure to notify us could result in your child's separation from Hope Academy.**

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7. If divorced, please indicate the type of custody ordered by the court.  Joint  Sole

If joint, are both parents in agreement with enrolling this applicant into Hope Academy?  Yes  No

8. In order to maintain the least tuition possible, Hope Academy requires one or more parent(s) participation with school fundraisers (typically one per semester).

9. It is not the primary goal of the administration to fill all seats available; but, it is the goal to select student candidates that best fit the academic, spiritual and family goals/objectives of the administration.

Name of Parent/Guardian completing this questionnaire \_\_\_\_\_

Please Print

Relationship to applicant \_\_\_\_\_

Signature of Parents \_\_\_\_\_

Father/Guardian

Mother/Guardian

Return to:

Hope Academy

P.O. Box 1466, Duncan, OK 73534-1466

(580) 252-7775 (580) 252-7779 Fax

Email: [kwhitlock@hopeacademyok.org](mailto:kwhitlock@hopeacademyok.org)

Website: [Hopeacademyok.org](http://Hopeacademyok.org)

# Hope Academy

## STUDENT EMERGENCY INFORMATION FORM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Home Phone # \_\_\_\_\_ Primary email address \_\_\_\_\_

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

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Student lives with: Both Parents  Mother  Father  Other  \_\_\_\_\_

Additional address (optional) \_\_\_\_\_

In the event of an emergency and parents can not be reached, we should notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Person authorized to pick up my child other than parent (make us aware of custody situations):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Hope Academy has permission to post photos of my child on the Hope Academy website & Facebook page:

Yes  No

**ALERT TO PARENTS:** If your child has a serious medical condition, it is vital that you discuss this with your child's teacher and office personnel immediately. It is very important to know **LIFE THREATENING** conditions.

In order to provide a safe and healthy environment for your child, this information will be accessible to school and emergency medical personnel.

**A. Medical History:** Check the ones that apply to your child and describe under the comment section.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Epi-Pen                 | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Anxiety/Panic Attack  |
| <input type="checkbox"/> Headaches          | <input type="checkbox"/> Sinus Trouble           | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Hearing Problems      |
| <input type="checkbox"/> Speech Therapy     | <input type="checkbox"/> Bee/Wasp Sting Allergy  | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Neurological Concerns |
| <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Kidney/Urinary Problems | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Vision Problems       |
| <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Orthopedic Problems     | <input type="checkbox"/> Other:          |  |

Physical Activity:  Not Limited  Limited (explain) \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_ Glasses? \_\_\_\_\_

Special Health Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

**B. ALLERGIES:** List allergies (food and drug) your child has that cause a problem at school:

Cause of allergy: _____	Treatment: _____
Cause of allergy: _____	Treatment: _____
Cause of allergy: _____	Treatment: _____

**C. MEDICAL:** (include prescription, over-the-counter, and herbal medication):

Name	Used to treat	Taken at school?	
1. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Before medication of any kind can be administered at school, an Authorization for Medications Form, available in the office, must be completed and kept on file.

### MEDICAL RELEASE/PARENTAL CONSENT

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody and control. In the event an emergency arises, necessitating medical or surgical attention, I hereby give permission to Hope Academy staff, principal/director, sponsors, or any attending physician(s) to make decisions and to perform such medical treatments and/or surgery upon said minor, which may in their sole discretion be necessary and proper under the circumstances. Parents or persons who were designated as emergency contacts (as listed on the front of this form) at registration will be notified if a child becomes ill at school. Parents hereby agree to come in person or to direct their emergency contact to collect their child from school upon notification.

I, \_\_\_\_\_, Parent/Legal Guardian, release, acquit, discharge and covenant to hold harmless, Hope Academy, staff, faculty, principal/director, board members, or any sponsors from any and all actions, damages and liabilities arising out of the treatment of any sickness or accident incurred by said child during attendance. I also acknowledge that all financial debts incurred are my responsibility and that Hope Academy staff, faculty, principal/director, board members, or any sponsors are not responsible.

This authorization covers the period from August \_\_\_\_\_ to May \_\_\_\_\_, inclusive.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Today's Date

# Hope Academy

## Student and Parent Standards of Conduct Agreement

Hope Academy holds that the Bible is the infallible, divine Word of God and that salvation by faith in Christ is the initial step in the Christian life. There is adequate Biblical basis for the idea of spiritual growth into the image of Christ (Romans 8:29), which is the work of the Holy Spirit (II Corinthians 3:18). This growth begins with the initial act of saving faith and continues throughout life. The Holy Spirit makes the Christian conscious of the Biblical demands for a holy life which fulfill both God's moral law and high law of love (Matthew 22:27-39; Romans 13:8-19; Galatians 5:15). The result is a life consecrated unto God and separated from the world.

Hope Academy must, therefore, provide an environment conducive to the spiritual growth and development of young people who are not yet mature Christians. A Standard of Conduct must be subordinated to the glory of God who indwells us (I Corinthians 8:9, 12-13, 10:32). The Christian will endeavor to avoid practices which cause the loss of sensitivity to the spiritual needs of the world and loss of the Christian's physical, mental, or spiritual well-being.

A sense of the need for spiritual growth in the light of these principles has led Hope Academy to adopt the following standards which are believed to be conducive to the environment that will best promote the spiritual welfare of the student. Hope Academy, therefore, requests each student - whether at home, school, or elsewhere:

1. To refrain from participating in activities such as profane and/or indecent language, smoking, possession or use of alcohol, drugs or tobacco, vaping/e-cigarettes, gambling, pornography, premarital sex, homosexual activity, or sexual perversions and to abide by the Hope Academy Statement of Marriage, gender, Sexuality, and Sex.
2. To maintain Christian standards in courtesy, kindness, honesty, morality, and modest attire.
3. To refrain from verbal, sexual, physical harassment, and/or bullying, etc.

The selection of the restrictions mentioned in the pledge may appear arbitrary to some, but while not condemning others who see differently, Hope Academy believes that the restrictions named are outstanding types of conduct which are detrimental to the standards established as its objective.

Students are expected to abide by these standards throughout their enrollment whether at home, school, or elsewhere. Students found to be out of harmony with the Hope Academy ideals of work and life, and any student who has been arrested by authorities, will be subject to administrative withdrawal.

In this atmosphere of definite and positive Christian standards of conduct, good scholastic planning, and genuine personal interest between faculty and student, there is a fine opportunity for development of strong Christian character.

Student Name (4th Grade & up) \_\_\_\_\_ Grade \_\_\_\_\_  
(Printed Name)

I have read the Standards of Conduct Policy. I agree to follow the rules contained in this policy while enrolled in Hope Academy and I agree to cooperate with and abide by these standards whether at home, school or elsewhere.

Student Signature (4th Grade & up) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian, due to the sensitive nature of this material, please discuss this with your child.

I have read and discussed the rules set forth in the Standards of Conduct Policy with my child. I have also instructed my child regarding the rules set forth in this policy and will endeavor to ensure that our child abides by the standards contained in the policy.

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



## Hope Academy of Stephens County - Acceptable Use Agreement: Computers and Internet Connection

As a part of my schoolwork my school gives me the use of internet and storage space for my work. My behavior and language should follow the same rules I follow in my class and in my school. To help myself and others, I agree to the following promises:

I will use my computer and internet access only in ways my teachers and school have approved.

I will not give my password(s) to anyone else, and I will not ask for or use anyone else's password.

I will not put on the computer or online my address or telephone number or any other personal information about myself or anyone else.

I will not use games or electronic resources that have objectionable content or that engage me in inappropriate simulated activity.

I will be polite and considerate when I use the computer or access the internet. I will not use them to annoy, be mean to, frighten, tease, gossip, or poke fun at anyone. I will not use swear words or other rude language.

I will not use the computer or internet to bully or threaten anyone, including teachers or students.

I will give credit for information found online and in print sources in my work. I will not break copyright rules or take credit for anyone else's work.

I will not block or interfere with school or school system communications.

I will not try to view, send or upload anything that says and/or shows inappropriate or mean things about anyone's race, religion or gender.

If I have or see inappropriate material, I will turn off my monitor or device, and seek immediate assistance from a teacher. I will not share the content with other students or people outside the school.

My computer work and online presence is not private. My teacher may look at my work or online communications to be sure that I am following these rules. Compliance with these rules will give me continued access to computers and the internet.

I know that the conduct that is forbidden in school is also forbidden when I use computers or the internet outside of school if it interferes with other students' education. If I break the rules, there will be consequences in school.

Print Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: I have read and discussed with my son or daughter the Acceptable Use Agreement. I give permission for him or her to use these resources. I understand that computer and internet access is conditional upon adherence to the guidelines above. Although students are supervised when using these resources, and their use is electronically monitored, I am aware of the possibility that my son or daughter may gain access to material that school officials and I may consider inappropriate or not of educational value.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENTS MAY NOT USE COMPUTERS OR INTERNET UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE TEACHER.

## Photo/Video Release Form

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publication, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

Yes, I give consent for Hope Academy to photograph or video my child for school purposes and/or at school events.

No, I do not authorize Hope Academy to photograph or video my child for any event.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## General Field Trip Request Form

Most field trips with Hope Academy of Stephens County are accompanied by a specific note detailing the trip itinerary, cost, etc. There are times, however, that opportunities arise with very short notice, and often at no charge to the student. During these times, we would like to keep a general field trip permission form on file that gives permission for your child to attend. Should these opportunities present themselves, Hope Academy of Stephens County would send out an "all inclusive" text and email highlighting the information, with no note sent home with your child.

Please fill out the information below as to your preference for such trips.

\_\_\_\_\_ Yes, my child, \_\_\_\_\_, may participate in the field trips.  
(Student Name)

\_\_\_\_\_ No, my child, \_\_\_\_\_, may not participate without prior notice.  
(Student Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



**Hope Academy of Stephens County**

P.O. BOX 1466, DUNCAN, OK, 73534-1466

PH. 580-252-7775 FAX 580-252-7779

Email: office@hopeacademyok.org

**Student Records Request Form**

Requesting Records from: \_\_\_\_\_

For the Student:

\_\_\_\_\_  
Student's Last Name                      Student's First Name                      MI

Student's Date of Birth: \_\_\_\_\_

Records Requested:                      Date: \_\_\_\_\_

\_\_\_\_\_ Academic Records

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ Disciplinary Records (if applicable)

\_\_\_\_\_ Health Records (including immunization)

\_\_\_\_\_ Test Results (mental, reading ability, achievement, etc.)

\_\_\_\_\_ Special Education (IEP/504 Documents) (if applicable)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please send the records to :  
HOPE ACADEMY OF STEPHENS COUNTY  
To the attention of: Alley Townsend