## www.hopecenterforautism.org Fax. 772.872-7229

hcfa@hopecenterforautism.org

## The Hope Academy A Charter School for Children with Autism Pre-Application for Enrollment 2017-2018

Date:		
Child's Name:	Age: Grade:	
DOB:	0	
Parent/Guardian Name:		
Address:		
City: State:	Zip Code:	
Phone Number:Email:		
Child's Diagnosis:	Age of Diagnosis:	
Has your child been evaluated by th eligibility: Date :		to determine
Is your child currently enrolled in school:		
Does your child have a current IEP:	Yes No	
This pre-application does not guarante your child on a waiting list. The Hope end of the enrollment period. If there a students will be chosen by a random lower will be notified within seven days after the students.	e Center will have a set number of care more applications then available ottery, as required by Florida Statut	open slots at the e slots, then
Parent/Guardian Signature	Date	
i archi/Quarulan Signature	Dale	