Bright Hope Center

1856 State Street · Schenectady · NY · 12304 Tel (518) 372-2004 Fax (518) 372-2006 www.brighthopecenter.org

Application for Admission (2017-2018)

Only completed paid application will be accepted.

STUDENT'S INFORMATION

Last	First	Middle	Male / Female	Proposed Grade

Street Address	City	State	Zip	Home Phone (Include area code)

Date of Birth	Place of Birth	Primary Language Spoken	Other Languages

Previous School: _____ Grade last attended: _____ Phone # :_____

Previous School Street Address	City	State	Zip	Phone

Has your child been suspended / expelled from a school? YES _____ NO _____ If yes, please explain: _____

Transportation/Textbook Information

Student's parent(s) should seek transportation services from the school district of their resident town as a taxpayer.
Bright Hope Center is **NOT** responsible for submitting transportation application.
Most districts provide free bus transportation for ages of 5 and up except Albany, Cohoes, Rensselaer and Watervliet City School Districts.

INFORMATION ABOUT ENROLLED SIBLING(S)

Sibling/Student's Name	Grade
Sibling/Student's Name	Grade
Sibling/Student's Name	Grade

PARENT(S) / GUARDIAN'S INFORMATION

Father's Full Name	Email Address	Home Phone	Business Phone	Cell Phone
Home Address (If different from above)	City	State	Zip	Occupation
Mother's Full Name	Email Address	Home Phone	Business Phone	Cell Phone
Home Address (If different from above)	City	State	Zip	Occupation
Guardian's Name	Email Address	Home Phone	Business Phone	Cell Phone
Home Address (If different from above)	City	State	Zip	Occupation

MEDICAL INFORMATION

Has the student ever had psychological testing or been screened for academic difficulties or learning disabilities?
YES ____ NO ____

Family Physician: _____Phone: _____
Any health concerns (allergies, asthma, diabetes, etc.)? YES ___ NO ___ If yes, please explain:

_____

Prescription Medication: YES ___ NO ___ If yes, please explain:

_____

RELEASE

I give permission for BHC to take and display my child's picture for school purposes: YES _____ NO _____

REFERRAL

I heard about Bright Hope Center from _____

SIGNATURE

Parent(s)/Guardian's Signature: _____ Date: _____

COMPLETED APPLICATION

The following materials constitute a complete application for admission:

( ) 1. Complete filled out Application Form ( ) 2. Registration Fee of **$250** for each student ( ) 3. Parent/Student Handbook
( ) 4. Medical Forms ( ) 5. Transfer Form ( ) 6. Birth Certificate ( ) 7. School Tuition
( ) 8. Current Medical Record (**Physical exam and immunization requirements must be met before a student is admitted**.

TUITION RATE

School Tuition Fee: All Grades $550 / month for 10 months (September - June)
Monthly Fees must be paid a month in advance.
Registration Fee of $250 include registration, supplies, books, and T-shirt uniform.

Please return your completed application as soon as possible to the main office.
Any changes in your contact information please notify the school office.

- Payments should be payable to Bright Hope Center by check, money order, or cashier check.
- A fee of **$50** will be added for returned check for non-sufficient fund in cash **only**.
- Late fee of **$25** will apply if tuition is not paid by the **1st** of each month.
- **Two unpaid months** of full tuition will result in having the student suspended until fees are paid.
- Student's admission will be terminated for unresolved, unpaid school tuition or fees.
- Student's records will **not** be available until owed school fees are paid in full.
- Student's tuition is still due for the year even if student is absent from school for any reason.
- Non-attendance or early withdrawal from school requires paying the full year's tuition.

PARENT VOLUNTEER PROGRAM

Bright Hope Parents are essential to the success of Bright Hope Center by volunteering **25** hrs. /year (**$250**).

By signing here, I, _____, agree and promise to meet the above requirements and conditions for my child's account and obligation for BHC and agree to abide by the BHC policy guidelines in Parent/Student Handbook.

Date Received: ___/___/ ___ Student's Name: _____ Parent's Signature: _____
School District: _____ BHC Administration Signature: _____

Notice of Nondiscrimination Policy

Bright Hope Center admits students of any race, color, religious, national, or ethnic origin to all the rights, privileges, programs, and activities made available to its students.

Office Use Only **Paid: Grade: _____ Registration: _____ T-Shirt Uniform Size: _____**

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1856 State Street · Schenectady · NY · 12304 Tel (515) 708-4363 Tel (708) 533-7799 www.brighthopecenter.org

Release Records (2017-2018)

Student's Information

Name: _____ Grade: _____ Last Year Attended: _____

School Information

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

School Records

- Report Cards
- ITBS
- IEP Reports
- Other:_____
- Assessment Tests
- Medical Records
- Behavior Records

I'm, _____, parent of _____, requesting to release my child's records to Bright Hope Center.

Parent's Signature: _____ Date: _____

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Medical Information (2017-2018)

Student's Name: _____ **Gender: M □ F □ DOB:** _____ **Age:** _____

Pediatrician's Name: _____ **Phone Number:** _____**Preferred Hospital:** _____

Dentist's Name: _____ **Phone Number:** _____

Please check if any is applicable:

	Cancer		Diabetes
	Speech Problem		Asthma/ Respiratory Problem
	Behavior Problem		Heart Problem
	Hearing Problem		Skin Complaint
	Bleeding Problem		Broken Bones
	Headaches Problem		Dental Problem
	Meningitis		Ear Infection Problem
	Stomach Problem		Nose Bleeding Problem
	Urinary Condition		Pneumonia
	Joints Problem		Vision Problem
	Seizure Disorder		Tuberculosis
	Allergy Problem		ADHD / AHD

Please Explain: _____
List Medication: _____
List Allergies: _____
List Concerns: _____
Parent's Signature: _____ **Date:** _____