



# HOPE TREE ACADEMY

## HOME OF THE HILLTOPPERS

### Admission Application

862 Mount Vernon Lane

P.O. Box 849

Salem Virginia 24153

(540) 389 – 4941

(540) 389 – 5468

Fax (540) 444 - 7309

1. Date: \_\_\_\_\_ Date School Placement is Needed: \_\_\_\_\_

2. Person Making Application \_\_\_\_\_ Title \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Youth's Full Name: \_\_\_\_\_ SS# \_\_\_\_\_

4. Race: \_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

5. Parent/Legal Guardian(s): \_\_\_\_\_

6. Address: \_\_\_\_\_

7. Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

8. Email: \_\_\_\_\_

#### 9. Emergency Contacts:

Name	Relationship	Phones
_____	_____	_____
_____	_____	_____

10. Last School Attended: \_\_\_\_\_

**11. Current/Past Agency Involvement and name of contact:**

**Social Services:** \_\_\_\_\_

**Mental Health:** \_\_\_\_\_

**Court Services:** \_\_\_\_\_

**Youth Services:** \_\_\_\_\_

**12. Provide a brief description of the Youth's current educational situation and why an educational placement is needed at HopeTree Academy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to complete the application process, the following items must be completed and attached in order for HopeTree Academy to consider acceptance.**

- **Current I.E.P. and its Addendum (If Exists)**
- **Behavior Intervention Plan/Functional Behavioral Assessment (If Exists)**
- **Most recent Report Card, Transcript, and Class Schedule**
- **Discipline Records for Current and Previous School Years**

**Please attach copies of the records and reports specified above and send to:**

**HopeTree Academy  
ATTN: Mark Kelso, School Social Worker  
862 Mount Vernon Lane  
P.O. Box 849  
Salem Virginia 24153  
Fax (540) 444 - 7309**