

**2020-2021 Academic Year**

**Cross of Hope Elementary School**

6104 Taylor Ranch Rd. NW

Albuquerque, NM 87120

(505) 897-1832 fax: (505) 924-0250

www.crossofhope.org/schools/elementary

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| **Application**  |

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| Student Information |

|  |  |
| --- | --- |
| Name of Student (First/Middle/Last) | Date of Birth Gender Male [ ]  Female [ ]  |
| Home Address: (Address, City, State, Zip) | Home Phone # |
| Ethnic Origin (optional): [ ] African American[ ] American Indian [ ] Asian [ ] Caucasian[ ] Hispanic/Latino(a) [ ] Other | Student Lives With: [ ] Mother [ ] Father[ ] Both Parents [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Language(s) Spoken at home:[ ] English [ ] Spanish [ ] French [ ] Hindi[ ] Chinese [ ] German [ ] Other­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student attends Church [ ]  Yes [ ]  No |

Previous Schools

Previous Schools

Has the student previously attended another school? (If yes, complete below)

|  |  |
| --- | --- |
| School Name: Phone# | School Address: (Street, City, State, Zip) |
| Dates attended: | Grade Completed: |

**How did you hear about Cross of Hope Elementary School?**

[ ]  Friends/Family [ ]  Outside Banner

[ ]  Internet Search [ ]  NM Kids Magazine

[ ]  Albuquerque Magazine [ ]  Church Member

[ ]  Facebook Ad [ ]  Cross of Hope Pre School

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| Family Information |

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| --- | --- |
| **FATHER**  or [ ]  Stepfather [ ]  Guardian | **MOTHER** or [ ]  Stepmother [ ]  Guardian |
| Name: Cell/Hm#: | Name: Cell/Hm#: |
| Employer  | Employer |
| Employer’s Address | Employer’s Address |
| Home Address (If different from student) | Home Address (If different from student) |
| [ ] Married [ ] Divorced [ ] Separated[ ] Remarried [ ] Widowed | [ ] Married [ ] Divorced [ ] Separated[ ] Remarried [ ] Widowed |
| Email Address: | Email Address: |
| Financial Responsibility? [ ]  Yes [ ]  No | Financial Responsibility? [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Brother(s) & Sister(s) Names** | **Age** | **Grade** | **School Attending** |
|  |  |  |  |
|  |  |  |  |
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| --- |
| Emergency Contacts |

**#1**

|  |  |
| --- | --- |
| Name | Relationship to student |
| Address | Cell/HM Phone# |

**#2**

|  |  |
| --- | --- |
| Name | Relationship to student |
| Address | Cell/HM Phone# |

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Medical Information

|  |  |
| --- | --- |
| Medical Insurance Company | Policy Number |
| Dental Insurance Company | Policy Number |

**Student’s Physician:**

|  |  |
| --- | --- |
| Doctor’s Name | Phone |
| Address | Email |

**Student’s Dentist:**

|  |  |
| --- | --- |
| Dentist’s Name | Phone |
| Address | Email |

**Desired Hospital in Case of Emergency:**

[ ]  Rust Medical [ ]  Lovelace Westside [ ] UNMH

In the event of an emergency our school personnel will take these steps:

1. Call 911, if the situation requires it.
2. Attempt to contact parent or guardian.
3. Attempt to contact any person listed as an Emergency Contac.t
4. If we are unable to contact you, we may:
* Call an ambulance.
* Have your child taken to an emergency hospital.

Expenses are not covered by our school’s insurance policy and costs may be incurred by your family. Your insurance information is required to be able to care for your child in an emergency. Cross of Hope is not responsible for anything that may happen as a result of false information given at the time of enrollment.

**I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care for my child if warranted.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Parent/Guardian Signature Date



Health Information

Are there any medical conditions that may impact your child’s safety or education while at school? (I.e. asthma, food allergies, etc.) If yes, please explain here:

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Does your child take any special medications or are they on a special diet that we should know about? If yes, please explain here:

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**Please note:** Cross of Hope Elementary School does not have a nurse on staff and we are therefore unable to dispense *any* medication to students for *any* reason.

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| Family Enrollment Agreement |



As a parent/guardian I will…

* Understand that morning chapel, memorizing parts of the Bible, Christian Studies curriculum and the Christian environment are integral parts of our school.
* Ensure that my child attends school 95% of the time (9 absences or less per year).
* Make sure my child is on time to school and stays in school until dismissal every day at 3:15 p.m.
* Comply with our school’s early drop-off/late pick-up rule; students are not permitted in the building or on school grounds before 7:45am unless a special school function dictates necessity and if my child is picked up more than 10 minutes late from the end of the school day, 3:15 p.m., they will join our After School Care program and be charged all applicable program fees.
* Support our school discipline policy as described in the Parent/Student Handbook.
* Participate in Orientation Night, Parent/Teacher Conferences, and Curriculum Night.
* Support classroom homework policies.
* Read with my child every night.
* Support the mission and vision of Cross of Hope Elementary School.
* Agree that if there are any concerns with our school we will take these appropriate steps to resolve them: 1) speak with students’ teacher, 2) speak with teacher and director. If for any reason we are unable to find resolution it may be in the best interest of all parties that the school withdraws the child.
* Agree as a condition of enrollment to complete a Tuition Contract and pay all tuition and fees.

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 Parent/Guardian Signature Date

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 Parent/Guardian Signature Date



Integrity Statements

 Cross of Hope Elementary School admits students of any race, gender, color, national and ethnic origin and grants, to all, the rights, privileges, programs and activities generally accorded or made available to any students at the school. It does not discriminate on the basis of race, gender, color, national and ethnic origin in administration of its educational policies, admission policies, tuition assistance programs, athletic or other school administered programs.

**Applicants’ Affidavit:**

“*I hereby confirm that all information provided by me in this application is accurate and complete to the best of my knowledge. I understand that all information in this document will be used for the care and education of my child and that only approved COHES staff has access to it. I attest that I have not willfully provided false or misleading information about me or my child as pertains to medical health, financial responsibility, guardianship or parental rights as decided by a court of law, contact information, physical address or any other information that may identify me, my child or the well- being of each of us. By affixing my signature to this page I agree that if any information provided is found to be willfully false that it may affect my child’s acceptance into Cross of Hope Elementary or after enrollment my child may be withdrawn from the school if deemed necessary by the school’s Director.”*

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 Parent/Guardian Signature Date

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 Parent/Guardian Signature Date