

**Complete Application Checklist**  
**Hope Technology School**  
2525 E. Bayshore Rd.  
Palo Alto, CA 94303

**Student Name:** \_\_\_\_\_ **Date of Application:**

**Hope Technology School Application and \$25 Application Fee**

- Submit part 1 of your [HTS application online](#)
- or download and print - Hope Technology School Application for [K-8th, Learning Curve High School, & Voc Ed Admission](#) or [Pre-School Admission](#)

**Latest report card and/or progress reports**, including **special services**, and **copy of current IEP**, or **diagnostic reports** if applicable

**Consent for Release of Information** ([click to download](#))

**Consent and Release** ([click to download](#))

**Copy of Child's Birth Certificate**

**Proof of address** (copy of a driver's license, utility bill with your name or copy of lease)

**Current photograph** of your child

**After all of the above are complete:**

**Due upon acceptance** – Current physical exam form from family physician or pediatrician including immunizations ([click to download Medical Form](#), [Immunization Form](#), and [Immunization Schedule](#))

You may submit application online. You must **mail supporting documents** to:

**Hope Technology School**  
2525 E. Bayshore Rd.  
Palo Alto, CA 94303  
ATTN: Application Committee

*No application is considered complete without all of the above mentioned supporting documents. Hope Technology School reserves the right to accept students based upon the admission committee's decision that the school is an appropriate educational placement for the child.*

# Application for Admission

Hope Technology School

*Hope Technology School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at Hope Technology School. The Hope Technology School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, or athletic and other school-administered programs.*

Date of Application: \_\_\_\_\_

Applying For Grade: \_\_\_\_\_

Applying For School Year: \_\_\_\_\_

## I. Student Information

<b>Name (Last)</b>	<b>Name (First, Middle)</b>	<b>Date of Birth</b>
<b>Place of Birth</b> (County, State, Country)		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age</b>	<b>Social Security Number</b>
<b>Address (Street)</b>	(City, State, Zip)	<b>Phone</b>
<input type="checkbox"/> <b>If applicable, please indicate child's diagnosis(s) (e.g. ASD, Dyslexia, ADHD, Down Syndrome, GAD):</b>		
<b>Primary Language:</b>		

## II. Contact Information

<b>Name (Last, First)</b>		<b>Relationship</b>
<b>Address (Street)</b>	(City, State, Zip)	
<b>Phone (preferred)</b>	<b>Phone (secondary)</b>	<b>Email</b>
<b>Job Title</b>	<b>Name of employer</b>	
<b>Address (Street)</b>	(City, State, Zip)	<b>Phone</b>

<b>Name (Last, First)</b>		<b>Relationship</b>
<b>Address (Street)</b>	(City, State, Zip)	

<b>Phone (preferred)</b>	<b>Phone (secondary)</b>	<b>Email</b>
<b>Job Title</b>	<b>Name of employer</b>	
<b>Address (Street)</b>	(City, State, Zip)	<b>Phone</b>

### III. School History

<b>Name of Current School</b>		<b>Name of Current Teacher</b>
<b>Address (Street)</b>		(City, State, Zip)
<b>Phone</b>	<b>Date Started</b>	<b>Current Grade</b>

**Type of School**    Public    Private

**Type of Program** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Regular Education Classroom (single/multiple grade)                               | <input type="checkbox"/> Special Day Class  |
| <input type="checkbox"/> Regular Education Classroom, with Resource Pull-out, specify pull-out subject(s): | <input type="checkbox"/> Special Day Class, with some mainstreaming, specify mainstreamed subject(s): |
| <input type="checkbox"/> Magnet/Charter School   | <input type="checkbox"/> In-class Assistant, specify assisted hours/subject(s):                       |
| <input type="checkbox"/> Homeschool, grade level and years:  |   |

**Please check any areas of educational concern:**

- |   |                                      |   |                                   |   |
|---|--------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Reading          | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Handwriting              | <input type="checkbox"/> Spelling | <input type="checkbox"/> Understanding Directions |
| <input type="checkbox"/> Attention        | <input type="checkbox"/> Work Habits | <input type="checkbox"/> Health Issues (specify): |                                   |   |
| <input type="checkbox"/> Other (specify): |                                      |   |                                   |   |

**Please specify services your child currently receives or has received.**

Service	Provided by: School (S) or Private (P)	Name of Service Provider	Phone	Time Services Received
Speech/Language Therapy				
Occupational Therapy				
Physical Therapy				
Behavioral Therapy/Plan				
Counseling/Psychiatric Services				
Tutoring				
Other				

**Other Schools and Services.** Please list all schools, programs, and services in which your child has been placed. (Attach extra sheet if needed)

Name of School/Program	Type of Program	Grade(s)	Reason for Discontinuation

Who referred you to HTS? Or how did you find out about our school?

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#### IV. Medical History

Check illness(es) your child has or has had, as well a current physical record from your physician, including an immunization schedule

Condition	Has	Had (Dates)	Condition	Has	Had (Dates)
<input type="checkbox"/> Allergies, specify: <input type="checkbox"/> Require EPI Pen			<input type="checkbox"/> Special Diets, specify:		
<input type="checkbox"/> Asthma			<input type="checkbox"/> Seizures		
<input type="checkbox"/> Mental Health diagnosis, specify:			<input type="checkbox"/> Other, specify:		

**Current Medications:** Please insert an extra sheet of paper, if necessary.

Name	Dosage	Prescribed by:

**Serious Hospitalizations.** Please insert an extra sheet of paper, if necessary.

Reason
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Age	Diagnosis	Duration

Please describe your child's current health:    Generally excellent    Good    Fair    Poor

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

#### V. Family History

Please list all family immediate family members, including siblings, step-parent(s), or guardians.

Name	Relationship to Student	Age	Occupation/School

Is your child adopted?  No    Yes   If yes, at what age? \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Does the child live with both parents?  Yes    No   Are the child's parents separated or divorced?  Yes    No

Are there any special custody arrangements? Yes No If yes, please comment:

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What interests you about Hope Technology School?



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