

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

Student Name: _____ Date of Application: _____

Hope Technology School Application and \$50 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

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

II. Contact Information

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

Name (Last, First)	Relationship	
Address (Street)	(City, State, Zip)	

Phone (preferred)	Phone (secondary)	Email
Job Title	Employer:	
Address (Street)	(City, State, Zip)	Phone

III. School History

Name of Current School		Name of Current Teacher
Address (Street)		(City, State, Zip)
Phone	Date Started	Current Grade
Type of School <input type="checkbox"/> Public <input type="checkbox"/> 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"/> Magnet/Charter School <input type="checkbox"/> Homeschool, grade level and years:		
<input type="checkbox"/> Special Day Class, with some mainstreaming, specify mainstreamed subject(s): <input type="checkbox"/> In-class Assistant, specify assisted hours/subject(s):		

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):
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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?

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

Age	Diagnosis	Duration
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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:

What interests you about Hope Technology School?

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