

Hope Technology School Pre-School Program Application
2525 E. Bayshore Rd. Palo Alto, CA 94303
(650) 565-8391

Applicant Information:

Applicant's Name: Last Name		First Name	Nickname
Home Street Address		Home Phone	
City	State	Zip	E-Mail Address
Date of Birth (mm/dd/yyyy)	Place of Birth	M / F gender	
Most Recent School Attended		Dates of Attendance	
Reason for Leaving:			

Program Selection: Please Rank Choices

<input type="checkbox"/> Five Days a Week (Monday – Friday)
<input type="checkbox"/> Three Days a Week (M, W, F)
<input type="checkbox"/> Two Days a Week (T, Th)

Family Information:

Mother:

Father:

Name:	Name:
Occupation and Position:	Occupation and Position
Business Telephone:	Business Telephone
E-Mail Address	E-Mail Address

To be completed by HTS Pre-School:	
Date of Receipts: _____	Enrollment Start Date: _____
Admin. Signature: _____	Check No./Amount: _____

Family Information: Circle appropriate responses:

With whom is the applicant living? Both Parents Mother Father Other: _____
Who is the applicant's legal guardian? Both Parents Mother Father Other: _____
To whom should correspondence be sent? Both Parents Mother Father Other: _____
Who is responsible for payments? Both Parents Mother Father Other: _____

Does the applicant have any brothers or sisters who are currently attending, or were formally enrolled at HTS Pre-School Program?

Yes: _____ No: _____

Please List the Brothers and Sisters of the Applicant:

Name	Date of Birth	Present School/ Grade Level

General Information:

How did you learn about HTS Pre-School Program? _____

Please describe any medical condition or other special circumstances about which the administration should be aware. **Please attach reports from professionals (OT, PT, Speech or others):**

Hope Technology School does not discriminate on the basis of gender, race, color, religion, or national or ethnic origin in the administration of education programs and admissions policies.

By signing this form, I agree that the information provided in this application is both accurate and complete:

Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date

Please attach a recent photograph of the child.