



**New Hope Academy  
Family Based Home Education Program**

**Family Information Form (FIF)**

(Fill out ALL information)

Guardian/Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip

Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If the enrolling parent does not have sole custody or right to make all educational choices, is the other parent in agreement with home education? \_\_\_\_\_

**Divorced parents must file a copy of the custody agreement with New HopeAcademy.**

**Student Information**

NAME	AGE	BIRTHDATE	CURRENT GRADE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ THOROUGHLY**

1. I have read the guidelines and policies of New Hope Academy and understand/agree with them.
2. I understand the enrollment fee is \$45 per child per school year and is due upon enrolling with NHA. There is no refund if we leave the school at any time, nor are books included in this fee. There is a family cap of \$115.00
3. I understand NHA policy on student records and transcripts.
4. I will keep NHA informed of new phone numbers or address changes.
5. I understand that if a child moves in with another parent, enrollment does not transfer.
6. I do not hold NHA, the administrator, staff members, or volunteers liable for the education of my child, including purchasing of curriculum, grading, or testing.
7. **I understand I am responsible for purchasing or obtaining all books or curriculum.**
8. **I understand NHA is not state accredited nor wishes to be at any time.**
9. I understand NHA fully places all responsibility for the education of my child on me as the parent. NHA is not required by law to make sure a child is learning.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_