

# HOPE LUTHERAN SCHOOL

## APPLICATION 2026-2027

ELEMENTARY AND MIDDLE SCHOOL  
KINDERGARTEN – 8<sup>TH</sup> GRADE



Needed

EACH APPLICANT MUST SUPPLY A COPY OF THEIR BIRTH CERTIFICATE, AS WELL AS A COMPLETE AND UP TO DATE IMMUNIZATION RECORD. EACH APPLICANT MUST GIVE EVIDENCE OF POTENTIAL ACADEMIC SUCCESS IN HOPE'S PROGRAM BASED ON PAST RECORDS AND THE REQUIRED ENTRANCE TEST. ALSO, THERE SHOULD BE EVIDENCE OF EMOTIONAL STABILITY, A SATISFACTORY BEHAVIOR RECORD, AND REASONABLE SOCIAL BEHAVIOR.

Office Use Only: Birth Cert? \_\_\_\_\_ Immunization Record? \_\_\_\_\_ Pictures? \_\_\_\_\_  
Bus? \_\_\_\_\_ Township? \_\_\_\_\_ CM?

## **ATTENDANCE POLICY**

To receive perfect attendance for a marking period, a student must be present every school day from 9:00 am - 3:25 pm.

- Students arriving after 9:00 am will be marked “Late to school.” Students must walk to their classrooms independently.
- Students leaving before 3:25 pm will be marked “Early dismissal.”
- Students not in school from 9:00 am - 3:25 pm will be marked “Absent.”
- Students who arrive late to school or who are picked up early must be signed out from the office by a parent or guardian.

## **ABSENCES/TARDY**

Since many subjects taught are cumulative in nature, regular attendance is essential. Irregular attendance is costly and interferes with a student’s academic progress because the student has missed class instruction and the opportunity to learn.

When a child is going to be absent/tardy from school, parents are required to inform the school of that fact between 8:30 and 9:30 am. This must be done each day that a student is absent/tardy. When returning to school following an absence/tardy, parents are required by State Law to submit a note stating the reason for the student’s absence/tardy. If a student is absent for three or more consecutive days due to illness, a doctor’s note is required.

Parents wishing to pick up an ill child’s homework must give the teacher adequate notice. We will be happy to make arrangements so the work may be picked up after school, or it can be sent home with a sibling or another student who lives nearby. We request that parents do not ask teachers for homework assignments at the beginning of the day since they use that time to welcome students and make preparations for teaching. For each missed school day, one day will be given to make up the missed classwork and homework.

Absences/tardies shall be treated as unlawful until Hope Lutheran receives a written excuse explaining the absence/tardy, to be submitted within three (3) days of the absence/tardy. The first ten (10) days of cumulative lawful absences verified by parental notification may be permitted during a school year. All absences beyond ten (10) cumulative days shall require an excuse from a licensed practitioner. Likewise, the first six (6) tardies verified by parental notification may be permitted during a school year. A student attendance improvement conference will be required when these limits are exceeded. Hope Lutheran may notify the Bristol Township Home and School Visitor when a student has been absent for ten cumulative days or tardy six times.

Please refer to the “Take Our Sons and Daughters to Work Day” section on page 25 of this Handbook for more information regarding this national program.

**STUDENT** *To be completed by parent(s)/legal guardian(s) of applicant*

Applying for Grade: \_\_\_\_\_

Name (Full Name of Applicant): \_\_\_\_\_ Preferred nickname: \_\_\_\_\_  
First MI Last

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex:  Male  Female

Ethnicity (chose **one**):  Caucasian  Asian  African-American  Hispanic  Other \_\_\_\_\_

Student Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Child lives with what family members:

Name	Relationship	Age (if child)

How did you hear about Hope? \_\_\_\_\_

Does child attend Hope Lutheran Church?  Yes  No If no, please list name/city of church where child attends:

\_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Years Attended \_\_\_\_\_

Current School Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Prior School? \_\_\_\_\_ Grade(s) \_\_\_\_\_ Years Attended \_\_\_\_\_

Prior School Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

If currently home-schooled, please provide the name of any person or organization that is being used to evaluate your child.

\_\_\_\_\_  
\_\_\_\_\_

\*Upon acceptance at Hope, your child's health records, scholastic records, including grades, achievement test results, Special Education documents, psychological or psychiatric evaluations and discipline records will be requested.

\*Do you give permission for Hope to request all records from your child's current and prior schools? **YES** **NO**

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

**FATHER / GUARDIAN**

Social Security #: \_\_\_\_\_

Name: Mr. Dr. Rev. \_\_\_\_\_

First

MI

LAST

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Relationship to Child:  Father  Step-Father  Grandfather  Guardian

Ethnicity:  Caucasian  Asian  African-American  Hispanic  Other \_\_\_\_\_

**Contact Information:**

Home Phone

Cell Phone

Work Phone

Home Mailing Address

City

ST

ZIP

Home Email Address

Employer

Occupation

**Church Attendance:**

Do you regularly attend Hope Lutheran Church?  Yes  No

**If yes:** How long have you been in regular attendance? \_\_\_\_\_

List the ministries and activities that you are involved in at HOPE:

\_\_\_\_\_  
\_\_\_\_\_

**If no:** Please list the name and address of the church you attend: \_\_\_\_\_

Describe your participation and ministry in this church:

\_\_\_\_\_

Please describe your faith in relationship with Jesus Christ:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOTHER / GUARDIAN**

Social Security #: \_\_\_\_\_

Name: Mrs. Miss Dr. \_\_\_\_\_

First

MI

LAST

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Relationship to Child:  Mother  Step-Mother  Grandmother  Guardian

Ethnicity:  Caucasian  Asian  African-American  Hispanic  Other \_\_\_\_\_

**Contact Information:**

Home Phone

Cell Phone

Work Phone

Home Mailing Address

City

ST

ZIP

Home Email Address

Employer

Occupation

**Church Attendance:**

Do you regularly attend Hope Lutheran Church?  Yes  No

**If yes:** How long have you been in regular attendance? \_\_\_\_\_

List the ministries and activities that you are involved in at HOPE:

\_\_\_\_\_  
\_\_\_\_\_

**If no:** Please list the name and address of the church you attend: \_\_\_\_\_

Describe your participation and ministry in this church:

\_\_\_\_\_

Please describe your faith in relationship with Jesus Christ:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT SCHOLASTIC INFORMATION

Has your child ever repeated a grade?  Yes  No

Has your child been in gifted or accelerated classes?  Yes  No

If either answer above is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or removed from any school for misconduct?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever received a detention or demerit?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your child's behavior regarding school and teachers?

\_\_\_\_\_

\_\_\_\_\_

Does your child have a history of chronic physical condition, emotional condition, or learning disability, which has required professional attention or which may require special attention at Hope?  Yes  No

If yes, please explain and include copies of all reports:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been enrolled in a special class or received tutoring?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What are your child's likes or dislikes regarding school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT HEALTH INFORMATION

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions regarding your child's health:

Does your child have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child take any behavior modification medications?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child wear glasses or corrective lenses?  Yes  No

If yes, does your child need them all day or only for reading? \_\_\_\_\_

Has your child had a history of ear infections or hearing difficulty?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any other health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## TRANSPORTATION

What School District do you live in? \_\_\_\_\_

Busing is provided for students in grades K-8 by request from the following districts:

Bristol Township, Pennsbury, Neshaminy, Bensalem, and Council Rock.

*Note: Bristol Borough, Morrisville, Philadelphia & New Jersey do **NOT** provide transportation.*

**Would you like your school district to provide busing for your child?**  Yes  No

\*All requests must be in to Hope's office by **May 1, 2026**.

\*All requests made after May 1 will take longer to process by the busing companies.

## PERMISSION TO USE PHOTOS

**Photos of Hope students may be used on the "front" of our website and other publications (i.e. yearbook, school brochures, open house fliers, etc.). Please choose your preference by initialing each of the following:**

I give permission for the use of my child's image on social media (i.e. Facebook, Instagram). (initial) \_\_\_\_\_

I give permission for the use of my child's image on the school website. (initial) \_\_\_\_\_

I give permission for the use of my child's image in the school yearbook. (initial) \_\_\_\_\_

I give permission for the use of my child's image on school brochures/fliers. (initial) \_\_\_\_\_

OR

I do NOT give permission for the use of my child's image for any of the above mentioned reasons. (sign) \_\_\_\_\_

# FINANCIAL RESPONSIBILITY

Who is responsible for paying fees and tuition?

- Father                       Mother                       Step-Father                       Step-Mother  
 Grandfather                       Grandmother                       Guardian                       Other \_\_\_\_\_

Name of responsible individual/individuals? \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Are you financially able to meet the monthly tuition requirements?    Yes    No

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

Do you owe tuition, fees, etc. to your current or previous school(s)?    Yes    No

*\*Any financial obligations to other schools may need to be taken care of prior to acceptance, if applicable, in order for Hope Lutheran School to obtain all necessary educational and medical records.*

Please initial each area below:

\_\_\_ I have received the tuition/fee schedule for 2026-2027.

\_\_\_ I understand that **all fees are nonrefundable** (application, materials/tech, Blackbaud, and PTL/party fees)

\_\_\_ I understand that if my child is registered in Hope's Extended Care program, the Department of Human Services (DHS) requires **medical & emergency forms** to be updated every 6 months or when changes occur. I understand that if I do not update this information promptly, my child's participation in Hope's Extended Care program may be suspended.

\_\_\_ I understand that a written notice of thirty (30) days is required to withdraw my child from Hope. If I choose to withdraw my child from Hope Lutheran School, it is the school's policy that within thirty (30) days of a written request being made to Hope for a **tuition refund**, Hope will refund that portion of the tuition which the school determines to be refundable.

\_\_\_ I understand that the person who is financially responsible for my child's tuition/fees will be turned into collections for unpaid tuition/fees upon my child's last day of attendance at Hope.

\_\_\_ I understand that my child's records will not be released unless all tuition/fees are paid in full.

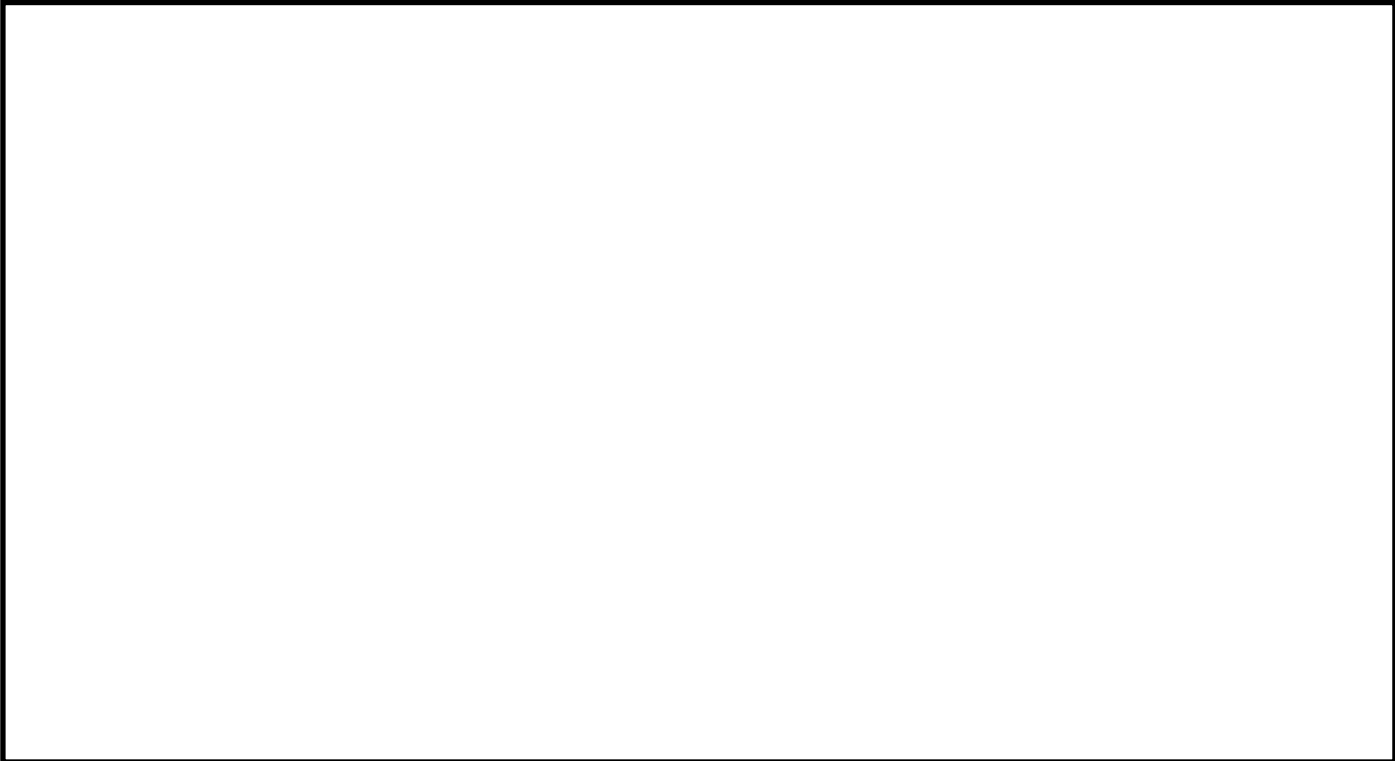
\_\_\_ Failure to keep tuition current could result in my child being removed from Hope.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**STUDENT – STATEMENT OF FAITH** *to be completed by student*

For students applying for Kindergarten – 2<sup>nd</sup> Grade, please draw and color a picture about Jesus and yourself.



For students applying for 3<sup>rd</sup> – 8<sup>th</sup> Grade, please write about Jesus and why He is important in your life.

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**New Student Probationary Status**

New students of Hope Lutheran School are automatically placed on a 30-day probationary period to determine if Hope can meet the student’s spiritual, intellectual, academic and emotional needs.

If circumstances arise, parents may be asked to withdraw their child from school prior to the end of the probationary period.

At the end of this period, the student’s performance will be reviewed and a recommendation will be made to either:

- 1) Remove the student from probationary status,
- 2) Extend the probationary period, or
- 3) Recommend the student be withdrawn from Hope.

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Probationary Period Start Date: \_\_\_\_\_ Probationary Period End Date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Printed Principal Name