

The Hope Center for Autism Pre-kindergarten -2<sup>nd</sup> Grade

 $\begin{array}{l} The \ Hope \ Academy \ for \ Autism \\ 3^{rd} \ Grade - 6^{th} \ grade \end{array}$ 

Opening doors for people with autism.

## Pre-Application for Enrollment 2019-2020

Date:			
Child's Name:		Age:	Grade:
DOB:	_		
Parent/Guardian Name:			
Address:			
City:	State:	Zi	p Code:
Phone Number:			
Email:			
Child's Diagnosis:		Age of Di	agnosis:
Diagnosticians Name:			
Has your child been evaluated by the	e Martin County	School Distr	ict to determine
eligibility:			Date:
Is your child currently enrolled in sci	hool: □ yes □	no	
If yes, what school:			
Does your child have a current IEP:	□ yes □ no		
For office use only: □Tour □ Copy o □ Pre-enrollment	<b>-</b> -	of Evaluation	



Would you be interested in being on our mailing list so you can receive information about upcoming parent trainings, camps or other events?   This pre-application does not guarantee enrollment at The Hope Center, nor does it put your child on a waiting list. The Hope Center will have a set number of open slots at the end of the enrollment period. If there are more applications then available slots, then students will be chosen by a random lottery, as required by Florida Statute. All families will be notified within seven days after the last day of open enrollment.				
For office use only: □Tour □ Copy of IEP □ Pre-enrollment form	☐ Copy of Evaluation			