

****ENROLLMENT PACKET WILL NOT BE ACCEPTED INCOMPLETE:**

The following checklist has been provided to assist in the enrollment process for your student(s). If you have a question or complication, please let us know.

THE FOLLOWING IS PROVIDED FOR RETENTION AND REVIEW. ONE PER FAMILY:

- ❖ Letter from the Director of HOPE Academy
- ❖ HOPE 2023-2024 Year Long Family Calendar
- ❖ Class Fee Schedule 2023-2024
- ❖ Kindergarten Through 12th Grade Immunization Chart – Required Vaccines for School Attendance Chart 2023- 2024
- ❖ Recommended Vaccines for the Best Protection Against Vaccine-Preventable Disease Chart 2023-2024

THE FOLLOWING ARE REQUIRED FROM PARENT/GUARDIAN. ONE PER STUDENT:

- ❖ Family Enrollment Form
- ❖ Copy of Student Birth Certificate (On Personal Acct. Manager with enrollment) and Immunization Record
- ❖ Disclosure Notice for Open/Choice Enrollment Form
- ❖ Open/Choice Enrollment Form (All students in family can be listed here)
- ❖ Student Disclosure Statement Form
- ❖ Code of Conduct and Disciplinary Agreement Signature Page (All students in family can be listed here)
- ❖ Student Records Request Form (In or Out of District)
- ❖ Student Health Inventory Form
- ❖ Immunization Exemption Form (Medical or Non-Medical Forms)
- ❖ Concurrent Enrollment Forms (Only if students are planning on participating with college classes)
- ❖ Letter of Intent to Homeschool (P/T Students) – Completed through Enroll/Jeffco

EDUCATIONAL PLANS/PAPERS- PER CHILD AND PROVIDE AS APPLICABLE:

- ❖ Copy of ALP/GT Plan
 - Indicates whether your child is receiving full-time or part-time services.
 - Any records reporting GT identification and programming.
 - Any records reporting any private testing.
- ❖ Copy of IEP Plan – NOTE: IEP Plans are not reviewed/updated in a part-time school. But, the accommodations/modifications can be reviewed and utilized in class/other planning for your children.
- ❖ Copy of 504 Plan – NOTE: 504 Plans are not acknowledged as a Legal 504 Plan in a part-time school. We can facilitate an informal review and apply accommodations in a part-time school and applied to a student's participation at HOPE Academy.
 - What services have been provided in the last year?
- ❖ Legal Action Taken for any Child Registering
 - Legal Custody Papers
 - Arrested -- On Diversion -- On Probation or -- Social Services Concerns





HOPE Academy

Partner School of Collegiate Academy of Colorado

Family Name _____

FAMILY ENROLLMENT FORM

2023-2024 School Year

**** STUDENTS ENROLLING FOR THE 2023-2024 SCHOOL YEAR:**

First Name	Last Name	Grade	Code (CE, WT, OS, OC)

PLEASE SELECT ANTICIPATED PARTICIPATION DAYS FOR EACH CHILD ABOVE:

- | | |
|--|--------------------|
| MONDAY ONLY | Elementary One-Day |
| THURSDAY ONLY | Elementary One-Day |
| MONDAY / THURSDAY ONLY | Elementary Two-Day |
| MONDAY / WEDNESDAY ONLY | Secondary Two-Day |
| MONDAY OR WEDNESDAY ONLY
Or Partial on Each Day | Secondary One Day |

PLEASE MARK THE CODE THAT MAY APPLY TO YOUR STUDENT(S) ENROLLMENT:

ON CAMPUS - In-Seat Participation		
OC	KG-12 th Grade	Students applying for in-seat classes on campus with HOPE Academy will use this code. This is what your initial enrollment will be made available to you.
CONCURRENT ENROLLMENT – College Participation		
CE	9 th – 12 th Grade	If you anticipate your child will want the Concurrent Enrollment (CE/ASCENT) Program, there will be an additional application process/approval required. Further information will be sent to you after the initial enrollment.
WARREN TECH – Jeffco School District Technical School – North, Central, or South Locations		
WT	11 th – 12 th Grade	If your is wanting to apply to the Warren Tech Programs , there is an additional process to do so. You can look at the information on the HOPE Website. Please indicate which program your child plans to apply to.
ONLINE SUPPLEMENTAL CLASSES		
OS	7 th – 12 th Grade	If your student is interested/needing an online class or classes to supplement their in-seat or CE classes, there is an additional application process/approval. Additional costs related to participation may be applied. More information can be found in the Secondary Planning Guide.



HOPE Academy

Partner School of Collegiate Academy of Colorado
2023-2024 School Calendar (Full-Time)

KEY

 	Trad. School Days-Jeffco School
 	Holidays
 	Scheduled Field Days
 	Regist., Conf., Books, Other
 	Teacher In-Service & Work Days
 	ITBS, State SAT, & PSAT Test Dates
 	Spring Break & No School

S	M	T	W	T	F	S
AUGUST						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	Month of July-School Closed					

Quarters End:	November	March
October 9, 2021 December 14, 2021 March 1, 2022 May 20, 2022	20-24 Thanksgiving Holiday - No School 23 Thanksgiving Day	2/26-3/1 -- Teachers Prepare for Conferences 4 -- Parent/Teacher Conferences 18-22 -- Spring Break 25 -- First Day Back From Spring Break 31-- Easter Sunday
August	December	April
HOPE Office Opens July 31 7 & 8 -- Teacher In-Service/Work Day 9 -- Extra Teacher Workday 9 & 10 -- Student Registration (See Alph. List) 14 -- First Day of School -- HOPE Classes	11 & 13-- Secondary Finals/1st Semester End 15- Dec. -- 7 Jan - Christmas Break - No School 24 & 25 Christmas Eve & Christmas Day	17 or 20 -- State PSAT 9 & 10 17 -- State SAT Test for Juniors 23 & 25 -- ITBS Testing 1st - 8th Grade 23 -Tentative State Make-Up PSAT/SAT Test for Juniors
September	January	May
4 -- Labor Day Holiday - No School	9 -- Christmas Break Ends - School Starts 15 -- Martin Luther King, Jr. Day - No School	13 & 15 -- Secondary Finals/2nd Semester End 15 -- HOPE Last Day of Classes/Graduation Day 20 -- HOPE Last Day of School & All School Field Day 24 -- Jeffco Schools Last Day of School 27 -- Memorial Day Holiday - No School 28 -- Book Return
October	February	June
2-6 -- Teachers Prepare for Conferences 9 -- Parent/Teacher Conferences 11 or 14--Fall PSAT/NMSQT Test-Ntl. Merit Schol	19-- President's Day Holiday - No School 19-23 -- No School - Special School Events	5/21-8/12 -- No School --Enjoy your Summer! 6/19 Juneteenth HOPE Office Open Thru June 14th

Calendar is subject to change with 14 days notice.

HOPE Academy

Partner School of Collegiate Academy of Colorado
2023-2024 School Calendar (Part-Time)

KEY

 	Mon & Wed Elem/ Sec School Days
 	Thur Core Elementary School Days
 	Scheduled Field Days
 	Regist , Conf , Books, Other
 	Teacher In-Service & Work Days
 	ITBS, State SAT, & PSAT Test Dates
 	Spring Break & No School Days
 	Holidays

S	M	T	W	T	F	S
AUGUST						
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DECEMBER						
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24	25	26	27	28	29	30
31						

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JANUARY						
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28	29	30	31			

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FEBRUARY						
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MARCH						
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APRIL						
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JUNE						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
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August HOPE Office Opens July 31 7 & 8 -- Teacher In-Service/Work Day 9 -- Extra Teacher Workday 9 & 10 --Student Registration (See Alph. List) 14 -- First Day of School -- HOPE Classes	December 11 & 13-- Secondary Finals/1st Semester End 15- Dec. -- 7 Jan - Christmas Break - No School 24 & 25 Christmas Eve & Christmas Day	April 17 or 20 -- State PSAT 9 & 10 17 -- State SAT Test for Juniors 23 & 25 -- ITBS Testing 1st - 8th Grade 23 -TentativeState Make-Up PSAT/SAT Test for Juniors
September 4 -- Labor Day Holiday - No School	January 8 -- Christmas Break Ends - School Starts 15 -- Martin Luther King, Jr. Day - No School	May 13 & 15 -- Secondary Finals/2nd Semester End 15 -- HOPE Last Day of Classes/Graduation Day 20 -- HOPE Last Day of School & All School Field Day 24 -- Jeffco Schools Last Day of School 27 -- Memorial Day Holiday - No School 28 -- Book Return
October 2-6 -- Teachers Prepare for Conferences 9 -- Parent/Teacher Conferences 11 or 14--Fall PSAT/NMSQT Test-Ntl. Merit School	February 19-- President's Day Holiday - No School 19-23 -- No School - Special School Events	June 5/21-8/12 -- No School --Enjoy your Summer! 6/19 Juneteenth HOPE Office Open Thru June 14th

Calendar is subject to change with 14 days notice.



HOPE Academy

Partner School of Collegiate Academy of Colorado

February 1, 2023

To New HOPE Parents & Students,

Welcome to the 2023-2024 school year of HOPE Academy! We at HOPE are delighted to have your family joining us for this school year, and we look forward to getting to know you and your children. As the administrator of HOPE Academy, I strive to create an educational partnership with you that will build determination and passion for learning; at school, home, and in the world around us. In addition, my commitment as an educator is to provide a nurturing and challenging environment that will support your child or children's academic success.

HOPE Academy is a very unique school that provides an exceptional program for both homeschooled and traditional students in kindergarten – 12th Grade. Our homeschooling program was designed around the original “homeschooling co-op” philosophies twenty-three years ago, when the original HOPE started. As we have grown, we now offer a part-time and full-time program to our 9-12th grade community designed to fulfill the dreams and career paths of each student. We pride ourselves in that we allow parents/students to help guide the courses and programs offered from year-to-year, and always welcome your comments and feedback.

As you read through all the information that has been provided, you may have questions. Please do not hesitate to contact me or one of my staff, as we are here to help in any way we can. Please watch for further communication with details about the general rules/guidelines of HOPE, and activities/events that are happening. You are always welcome to attend any opportunity we have!! Through this unique and strong partnership, I will support our common goal to have all HOPE students reach their full potential. I look forward to meeting you very soon.

Sincerely,

Terry Johns

Terry Johns, Director & CE Adviser
HOPE Academy

Partner School of Collegiate Academy of Colorado

tjohns@hopemustangs.net

tjohns@jeffco.k12.co.us

(303) 596-7847 Cell

(303) 431-0796 School Phone

7050 W. 64th Avenue
Arvada, CO 80003



HOPE Academy

Partner School of Collegiate Academy of Colorado

Family Name _____

STUDENT DISCLOSURE STATEMENT
2023-2024 School Year

Please ensure that the following questions are answered accurately and honestly. Failure to disclose information may result in your enrollment being denied.

- 1. Has the student been **Expelled** from any public or private school in the last 12 months?
Indicate Yes _____ No _____
- 2. Has the student been **Suspended** from any public or private school in the last 12 months?
Indicate Yes _____ No _____
- 3. Has the student been placed on a **Habitually Disruptive Student Remedial Plan** in the last 12 months?
Indicate Yes _____ No _____
- 4. Has the student engaged in **Detrimental Behavior** that threatened the safety of staff or fellow students which led to legal action in any form in the last 12 months?
Indicate Yes _____ No _____
- 5. Does the student have a **Diversion Plan or a Parole Officer?** Indicate Yes _____ No _____
- 6. If you answer Yes, please provide the Officer's Name and Phone Number:

Officer's Name

Phone Number

- 7. Has the student had a **Court Order** to attend school? Indicate Yes _____ No _____

PLEASE CHECK ALL THAT APPLY TO THE STUDENT LISTED ABOVE

This is necessary to see if HOPE Academy can provide the correct plans for the student. If you answer yes to any of the below questions, please provide a copy of the Plan marked.

- a. Previous or current Individualized Education Plan (IEP) _____
- b. Previous or current 504 Accommodation Plan _____
- c. Previous or current Individual Literacy Plan (ILP) _____
- d. Previous or current Learning Support Plan (LSP) _____
- e. Previous or current Advanced Learning Plan (ALP) _____
- f. Previous or current Gifted and Talented Plan (GT) _____
- g. Is English your child's First Language? Indicate Yes _____ No _____
If no, what language does your child speak? _____
- h. Is your child designated with any of the ESL titles? NEP _____ LEP _____ FEP _____

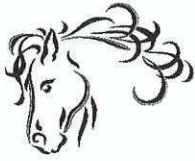
I understand that enrolling my student under **False Information** can result in immediate withdrawal from HOPE Academy.

Parent / Guardian Name (Printed)

Signature

Date





Family Name _____

**CODE of CONDUCT
& DISPLINARY AGREEMENT SIGNATURE PAGE
2023-2024 School Year**

HOPE Academy

Partner School of Collegiate Academy of Colorado

The Jefferson County School District Code of Conduct and Disciplinary Statement can be found in the Jeffco Student/Parent Family Handbook – Code of Conduct online at:

https://www.jeffcopublicschools.org/schools/code_of_conduct

This provides the most relevant information about the rights and responsibilities for you, your Student(s) and HOPE Academy’s Staff. We urge you to discuss the importance of complying with the policies and procedures with your student(s). Your signature below indicates that you have familiarized yourself with, understand and agree to the terms in the Code of Conduct. All Students must sign and have a Parent / Guardian signature as well.

HOPE Academy Staff have been trained and are expected to familiarize themselves properly with the Code of Conduct as well. Thank you for your attentiveness and cooperation!

1. Student’s Name and Grade (Print) Student Signature and Date

2. Student’s Name and Grade (Print) Student Signature and Date

3. Student’s Name and Grade (Print) Student Signature and Date

4. Student’s Name and Grade (Print) Student Signature and Date

5. Student’s Name and Grade (Print) Student Signature and Date

6. Student’s Name and Grade (Print) Student Signature and Date

Parent / Guardian Name (Print) Parent / Guardian Signature and Date





HOPE Academy

Partner School of Collegiate Academy of Colorado

Family Name _____

**STUDENT RECORDS REQUEST (IN OR OUT OF DISTRICT
2023-2024 School Year)**

DATE: _____

Sending School Address: _____
(Last School Attended) _____

From: HOPE Academy
Attn: Rachel Regier-Enrollment Secretary
7050 W. 64th Avenue
Arvada, CO 80003
Rachel.Regier@hopemustangs.net

Main Number: (303) 431-0796
Fax Number: (303) 431-3765

Student Full Name: _____ Current Grade: _____ DOB: _____

Please forward the below marked documents that have been requested for the above-named student:

1. _____ Transcript of all work completed, including credits to date,
2. _____ Grade Report, if current semester not currently on transcript,
3. _____ Immunization Records,
4. _____ Attendance Records,
5. _____ Withdrawal Grades for Subjects in Progress,
6. _____ All Available Standardized Test Scores (ITBS, NWEA, CMAS, etc.),
7. _____ Discipline Records

Additional Information: _____

I, _____, authorize the above-named school to release my child's records to HOPE Academy.

Parent / Guardian Signature

Date

Thank You, Rachel Regier – Enrollment Secretary
Rachel.Regier@hopemustangs.net





HOPE Academy

Partner School of Collegiate Academy of Colorado

Family Name _____

PARENT ACKNOWLEDGEMENT FORM

2023-2024 School Year

THIS FORM IS TO ENSURE THAT ALL PARENTS/GUARDIANS ARE AWARE OF WHAT IS REQUIRED OF THEM. INITIAL BELOW TO SHOW THAT YOU READ, UNDERSTAND, AND AGREE TO THE ITEMS WITHIN THIS DOCUMENT.

INITIAL	ACKNOWLEDGMENT
	I acknowledge that I have been notified that the Jeffco Student and Family Handbook “Code of Conduct” is online at: https://www.jeffcopublicschools.org/schools/code_of_conduct . I further understand that it is my responsibility to familiarize myself and my student with this document. I also acknowledge that I am responsible to be familiar with the HOPE Academy Parent/Student Handbook , found at hopemustangs.us .
	I understand that if my student is enrolled as a homeschooled student (Part-Time), that I maintain primary responsibility for educating my child(ren) and meeting the requirements of the Colorado Revised Statutes 22-33-104.5 as they pertain to teaching days, testing requirements, recordkeeping, documentation, and all things homeschooling. As such, only one parent/guardian signature is required. Should a situation indicate a second parent/guardian was not in agreement or in compliance with the family homeschooling, the may be subject to withdrawal (ex: Court-Order through a divorce).
	I understand that if my child is enrolling and has either an IEP (Individual Education Plan) or a 504 Plan (Accommodations Plan), said plan will no longer be “in effect the same way as a full-time school” while participating in a part-time program. The Official IEP or 504 Plan will need to be revoked. HOPE Academy can review either plan and utilize the information/modifications/accommodations to provide to the student during their time at HOPE Academy. A review meeting would be needed to ensure Parent and School are satisfied with a new plan.
	I understand there are required and optional fees associated with enrollment at HOPE Academy and that these fees vary depending upon the classes and grade levels for which each child is enrolled. I further understand that these fees are due after August 1 st each school year must be paid at registration in August, or a payment schedule arranged.
	I understand that there are volunteer choices that include: Teacher’s Aides, Lunch Monitors, Committee Participation, Event Planning, etc. Hours of commitment will depend on the number of families and the needs of the school from year to year. (25-40 hours per year). There are several opportunities to review these options, and can be found on the hopemustangs.us website. If you cannot/or are unable to satisfy your volunteer hours, you can make arrangements to pay a Substitute for the time in cash (\$10 per hour) or contributions or supplies and materials (\$10 in value per hour), approved by the school ahead of time. This acknowledgement does not apply to CE or Warren Tech families, whose students are not taking classes on-site at HOPE Academy.
	I understand that the primary forms of family communication at HOPE Academy are email, newsletter, school/teacher websites, Google Classroom, syllabi/documents, and office postings.
	I understand that the Jeffco School District does not provide transportation for students who choice enroll with a Charter School. Transportation must be provided by each family. As well, HOPE Academy will be considered my child(ren)’s “Home or Neighborhood” School,” upon enrollment for said school year.

My signature indicates that I have read, understand, and will fulfill the requirements stated above. And, as such, I am requesting that my student(s) be enrolled with HOPE Academy for the 2023-2024 school year.

Parent / Guardian Name (Printed)

Signature

Date





Family Name _____

STUDENT HEALTH INVENTORY
2023-2024 School Year

HOPE Academy

Partner School of Collegiate Academy of Colorado

Please provide all relevant health information concerning your student:

Physician Name:		Date of Last Physical Exam
Routine or Daily Medications:		
Illnesses and Dates:		
Hospitalizations, Reasons and Dates:		
Accidents, Injuries and Dates:		

HEALTH CONCERNS	Yes	No	Medication (Name, Dosage)	Restrictions and Comments
Asthma, Respiratory				
Allergies				List:
Diabetes				
Seizures, Neurological				
Heart, Blood				
Muscles, Bones, Joints				
Bladder, Kidney				
Stomach, Intestines				
Skin				
Hearing				
Ear Infections				
Tubes, Date of Tubes				
Vision				
Eyeglasses				
Speech				
Psychological/Emotional				
Headache				
Dental				

Parent / Guardian Signature

Date

Phone Number





HOPE Academy

Partner School of Collegiate Academy of Colorado

Family Name _____

OPEN/CHOICE ENROLLMENT FORM

2023-2024 School Year

We are pleased to notify you that your Choice Enrollment Application has been accepted at HOPE Academy for the 2023-2024 school year. This form must be signed by a parent/guardian. If this completed confirmation is not received back to our offices in a timely manner, your child's space may be forfeited. If you have any questions, please contact the school to which your child has accepted for Choice Enrollment to obtain registration information.

Student names below will be enrolling in HOPE Academy for the 2023-2024 School Year:

STUDENT NAME(S)	GRADE	WILL	WILL NOT

I UNDERSTAND AN IEP (INDIVIDUAL EDUCATION PLAN) WILL NEED TO BE **REVOKED** FOR ANY STUDENT CURRENTLY RECEIVING SERVICES BEFORE A CHANGE IN ATTENDANCE CAN OCCUR. I UNDERSTAND THAT A 504 PLAN (ACCOMMODATIONS PLAN) WILL NEED TO BE **OFFICIALLY REVISED** FOR ANY STUDENT RECEIVING ACCOMMODATIONS BEFORE A CHANGE IN ATTENDANCE CAN OCCUR. ACCEPTANCE IS CONDITIONAL PENDING REQUIRED DOCUMENTATION. AN UNOFFICIAL "HOMESCHOOLING" OR "PART-TIME" PLAN COULD BE COMPLETED FOR SOME ACCOMMODATIONS WITH HOPE CLASSES.

Please identify whether/or not each child that you are enrolling currently has one of the below Plans:

My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No
My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No
My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No
My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No
My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No
My child is receiving IEP services: ___ Yes ___ No	My child is receiving 504 services: ___ Yes ___ No

I understand that HOPE Academy will become my child(ren)'s school of attendance and primary "home or neighborhood" school. Filing the Homeschool Letter of Intent with the child's district of attendance or district of attendance is still necessary.

Parent / Guardian Name (Printed)

Signature

Date





Immunization Certificate of Medical Exemption

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Medical exemptions need to be filed only once unless the student's information or school changes.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:

Required Vaccines for School Entry

Check each vaccine declined:	List medical contraindication(s)* for each vaccine declined:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13)	
<input type="checkbox"/> Measles, mumps, rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

*Refer to the ACIP *General Best Practices Guidelines for Immunization: Guide to Contraindication and Precautions* for a list of acceptable contraindications and precautions. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Statement of Medical Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

REQUIRED Signature: _____ Date: _____
Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

REQUIRED: _____ Professional License Number: _____
(State/Territory)

Under Colorado law, you have the option to exclude your child's/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.



Immunization Certificate of Nonmedical Exemption

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. "Nonmedical exemption" means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Prior to kindergarten, a nonmedical exemption must be filed each time a student is due for vaccines according to the schedule developed by the ACIP.^{1,2} From kindergarten through 12th grade, a nonmedical exemption must be filed every year during the student's school enrollment/registration process.¹ Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:

Required Vaccines for School Entry - Place an "X" next to each vaccine for which you are claiming a nonmedical exemption.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV13)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

Statement of Exemption

I am the parent/guardian of the above-named student or am the student themselves (emancipated or over 18 years of age) and am claiming a nonmedical exemption from the vaccine(s) indicated above. The information I have provided on this form is complete and accurate. I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, www.spreadthevaxfacts.com/, www.immunizeforgood.com/ for additional information on the benefits and risks of vaccines and the diseases they prevent. I can contact the Colorado Immunization Information System (CIIS) at www.covaxrecords.org or my health care provider to locate my child's/my immunization record.³

REQUIRED Signature: _____ Date: _____
Parent/Legal Guardian/Student (emancipated or over 18 years old)

REQUIRED Provider Signature Section:

REQUIRED Print Name, Title, and Signature: _____ Date: _____ <small>Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, Registered Nurse (RN) or Pharmacist (authorized pursuant to section 12-240-107 (6), C.R.S.)</small>
REQUIRED Colorado Professional License Number: _____

¹ Colorado Board of Health rule 6 CCR 1009-2: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7698&fileName=6%20CCR%201009-2>

² 2021 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf. Based on this schedule, a nonmedical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

³ Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.

**KINDERGARTEN THROUGH 12TH GRADE IMMUNIZATION CHART
REQUIRED VACCINES FOR SCHOOL ATTENDANCE 2022-23**

VACCINE	Number of Doses	Grades K-12 (4-18+ Years of Age)
	<i>Vaccines must be given no earlier than the MINIMUM INTERVALS & AGES in order to be valid. A 4-day grace period applies in most situations.</i>	
Diphtheria/Tetanus/ Pertussis (DTaP) <i>Only licensed through 6 yrs of age.</i>	4 to 5	5 DTaP doses unless dose 4 is given on or after the 4 th birthday. Final dose of DTaP is to be given on or after the 4 th birthday.
Tetanus/Diphtheria/ Pertussis (Tdap) <i>For students 7 years of age or older.</i> One dose of Tdap is required for students in 6th through 12th grades	3 or 4	3 doses of tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap) are required, or 4 doses required if 1 st dose of DTaP is given before 1 year of age. Students, ages 7-10 yrs that did not complete a series of pertussis-containing vaccine before their seventh birthday should receive a single dose of Tdap. If needed, they are to complete their series with Td or Tdap. An additional Tdap is required at 6th grade entry regardless of when the previous dose of Tdap was given and the student is at least 10 years of age.
Polio (IPV) <i>With a combination of OPV & IPV, will need a series of 4 doses.</i>	3 to 4	4 IPV doses unless 3 rd dose is given on or after 4 th birthday. Final dose of IPV is to be given on or after the 4 th birthday.
Measles/Mumps/Rubella (MMR) <i>If 2 live vaccines are not given on the same day, there must be a 28 day interval between the 2 doses.</i>	2	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 valid doses are required for students entering Kindergarten & through 12 th grade.
Variella (Chickenpox) <i>If 2 live vaccines are not given on the same day, there must be a 28 day interval between the 2 doses.</i>	2	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 doses are required for students entering Kindergarten & through 12 th grade. Note: no vaccine required if there is laboratory documentation of chickenpox disease or a disease screening performed by a healthcare provider.
Hepatitis B <i>Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.</i>	3 or 4	The 2 nd dose must be administered at least 4 weeks after the first dose. The 3 rd dose must be administered at least 16 weeks after the 1 st dose, at least 8 weeks after the 2 nd dose, and the final dose must be administered no earlier than 24 weeks of age. Note: there is a 2-dose series for ages 11-15 years that uses a specific adult vaccine.

**RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE-
PREVENTABLE DISEASE**

VACCINE	Number of Doses	Grades K-12 (4-18+ Years of Age) <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. (Recommended for all children 6 months of age and older).
Meningococcal ACWY (MenACWY)	2 doses	Adolescents 11-18 years of age (11-12, 16-18)
Serogroup B Meningococcal (MenB)	2 doses	Adolescents 16-18 years of age
Human Papillomavirus (9vHPV)	2 to 3	Adolescents 11-18 years of age Series initiation age 9-14 – two doses 6-12 mos apart Series initiation 15+ - three doses 0, 1-2 mos and 6 mos
Hepatitis A (Hep A)	2	All children 1 year of age and older, minimum interval of 6 months between doses.

Immunization requirements are strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes § 25-4-902. There are three ways to be in compliance with the school immunization law:

1. Student's immunization record shows they are fully immunized with required vaccines. A laboratory report for some vaccines or diseases showing immunity is also acceptable.
2. For students who are not up to date on required vaccines, the school will notify the parent/guardian that the student has 14 days to receive the required vaccine(s).

Parents are to provide a written plan for the remaining vaccines following the minimum intervals of the Advisory Committee on Immunization Practices (ACIP) schedule. If the plan is not followed, the student shall be excluded from school for non-compliance.

3. Submission of a Certificate of Medical Exemption signed by a healthcare provider, (MD, DO, APN, PA) or a Certificate of Nonmedical Exemption signed by an immunizing healthcare provider or obtained after the completion of CDPHE's online immunization education module. Visit www.colorado.gov/Vaccineexemption.

Please refer to the ACIP Immunization Schedule, Table 1, 2 and notes:

cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Last Reviewed 9/2022