

THE GOOD HOPE SCHOOL
170 ESTATE WHIM
FREDERIKSTED, VI 00840



APPLICATION FOR ADMISSION

Name of candidate: _____ Grade applying for: _____
Name child usually called: _____ Age as of Sept. 1st: _____
Date of birth: _____ Place of birth: _____ Citizenship: _____
Candidate's current school: _____
School address: _____ Zip: _____
School's telephone: _____ Fax #: _____
Division Head or Placement Director's Name: _____

Name of Parent: _____
FIRST MI MAIDEN LAST

Circle one: Mrs. Ms. Miss Mr. Dr. Other _____

Relationship to applicant: _____

Mailing address: _____
_____ Zip: _____

Home Telephone: _____

Cell: _____

E-mail: _____

High School(s): _____

College(s) Degree & Date: _____

Professional school(s): _____

Employer: _____

Nature of business: _____

Position in firm: _____

Business Address: _____

Business Telephone: _____

Business Fax: _____

Please check all that apply:

- Parents married Parents separated Parents divorced Single parent Other
 Father remarried Mother remarried Father deceased Mother deceased

With whom does the candidate live?

If you are separated or divorced, to whom should correspondence be sent?

Mother only Father only Copies to both

What languages are spoken at home?

Have you ever applied previously to the Good Hope School for this child?

Yes No

If yes, for what Grade? _____ Year: _____

For another child?

Yes No

Prior schools attended and dates:

May we also contact the school and past schools?

Yes No

Name and ages of candidate's brothers and sisters:

Name: _____ Age: _____

School: _____ Grade: _____

Name: _____ Age: _____

School: _____ Grade: _____

Name: _____ Age: _____

School: _____ Grade: _____

Relatives who have attended The Good Hope School:

Name: _____

Relationship to applicant: _____
Grade: _____

Name: _____

Relationship to applicant: _____
Grade: _____

If you are not a St. Croix resident, is there another address and/or telephone number at which we might reach you?

Address: _____

Telephone: _____

Valid from: _____ to _____

Are you applying for financial aid? Yes No

Has your child received additional support for either academic or personal difficulties in the past? Yes No

If any psychological or educational testing has been administered, please provide Good Hope with a copy of the evaluation.

Please briefly list candidate's special interests and abilities:

Signature of Parent: _____

Date: _____

Please return the completed form with the non-refundable application fee of \$50.

All information provided to The Good Hope School during the admission process is strictly confidential. The Good Hope School does not discriminate on the basis of race, color, religion, sexual orientation, or national or ethnic origin in the administration of its admission, financial assistance, educational, or other school policies. Every Good Hope student is admitted all rights, privileges, programs, and activities generally accorded or made available at the school.