



THE HOPE NETWORK OF SCHOOLS announces the Katherine G. Johnson S.T.E.A.M. School for Girls Grades K-8 Opening September 2019

The Disturbing Facts¹

- Minority women comprise fewer than 1 in 10 employed scientists and engineers
- African American and Hispanic girls have high interests in STEM, but tend to have fewer supports, less exposure, fewer STEM role models and lower academic achievement
- By third grade, boys rate their own math competence higher than girls do, even though no differences in actual performance are found
- 62% of African American girls interested in STEM say that their teachers are less supportive of their career interests
- Considered the “careers of the future,” STEM jobs are projected to grow at a rate of almost 1 million per year
- Students in schools where more than 75 percent of students are eligible for free or subsidized lunches are much less likely to have access to STEM resources, experiences, and classes most wealthy parents would demand for their children

A FUTURE OF HOPE

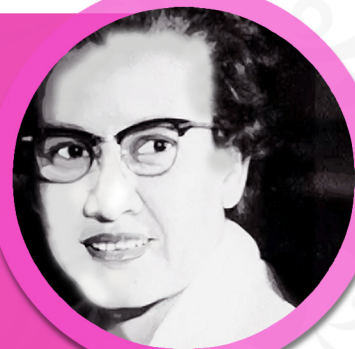
Our Mission: The Katherine G. Johnson Science, Technology, Engineering, Arts, and Mathematics (STEAM) School for Girls will provide an academic foundation designed to holistically develop and empower each student to become community and global leaders fully equipped to excel in the fields of Science, Technology, Engineering, Arts, and Mathematics.

WHAT IS S.T.E.A.M. EDUCATION?

STEM education refers to the areas of science, technology, engineering and mathematics. STEAM education incorporates the “A” for the arts – recognizing that to be successful in technical fields, individuals must also be creative and use critical thinking skills which are best developed through exposure to the arts.

WHO IS DR. KATHERINE G. JOHNSON?

Dr. Katherine Coleman Goble Johnson is an African-American physicist and mathematician who made contributions to the United States' aeronautics and space programs with the early application of digital electronic computers at NASA. The life of Katherine G. Johnson was featured in the highly acclaimed movie, *Hidden Figures*.



For more information or to complete an online intent to enroll form for your daughter, visit our website at www.hopenetworkofschools.org

¹Sources:

“STEM 2026: A Vision for Innovative STEM Education”, U.S. Department of Education, (2016).

“Generation STEM: What Girls Say about STEM”, Girls Scout Research Institute, (2012).

Change the Equation News Brief, July 6, 2017, <http://changetheequation.org/blog/archive/year/2017?page=4>



"Educating Her to Succeed so She Can Lead"

Katherine G. Johnson STEAM School for Girls

INTENT TO ENROLL FORM

Please Print

Student Information:

Name _____
First Middle Last

Student's Date of Birth: ____/____/____ Current School: _____

Last Grade passed _____ Prior School(s) attended _____

Grade student will be entering **FALL 2019**:

Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth ☐ Sixth ☐ Seventh ☐ Eighth

Parent/Guardian Information:

Name _____ Relationship to Student _____

Address _____ City _____ Zip _____

Email address: _____ Telephone _____

Applicants must reside in the City of Chicago upon enrollment.

I UNDERSTAND THAT THIS IS AN INTENT TO ENROLL FORM AND MY COMPLETION OF THIS FORM WILL NOT REMOVE MY CHILD FROM THEIR CURRENT SCHOOL. I understand that I must complete the enrollment forms and submit the following documentation to complete the enrollment process for the Katherine G. Johnson STEAM School for Girls: (1) birth certificate (2) parent/guardian license or ID card (3) proof of residency; gas, telephone, or electric bill; medical card; voter's registration card), (4) pre-test, enrollment forms, (5) consent and release form, (6) previous school records, (7) updated physical and immunization records.

Parent/Guardian Signature

Date

Submit via email:
info@hopenetworkofschools.org

By Mail/Drop Off:
HOPE Network of Schools
7159 S. Peoria, Chicago, IL 60621





"Educating Her to Succeed so She Can Lead"

Katherine G. Johnson S.T.E.A.M. School for Girls

New Student Enrollment Form:

Date: ____/____/____

Student's Name: _____ Gender: Female ☐ Male ☐
Last First Middle

Address: _____ D.O.B ____/____/____
Number&Street City Zip

Last School Attended: _____ Grade _____

Reason for Leaving: Transfer ☐ Other ☐ Referred by: _____

Does student have siblings? Yes _____ No _____ How many? _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ DCFS

T- Shirt Size: ____ Clothing Size: Skirt ____ Pants ____ Blouse/top ____ Jacket ____

Mother's Name _____ Phone(s) _____
Last First

Father's Name _____ Phone(s) _____
Last First

Guardian's Name _____ Phone(s) _____

Primary language spoken at home: English ____ Spanish ____ Other _____

Do you currently receive free or reduced lunch? (Check one) Yes _____ No _____

Identify any medical conditions and/or medication (if any) taken during school hours:

Student Signature

Parent/Guardian Signature



"Educating Her to Succeed so She Can Lead"

Date: _____

Dear Parents/Guardians:

Congratulations! _____ has been awarded this letter of acceptance to The Hope Network of Schools: Katherine G. Johnson S.T.E.A.M. School for Girls for the 2019-2020 school year.

In order to secure your seat please return the enclosed Enrollment Forms no later than ____/____/_____. If you do not respond by this date, your child's place at the school will be given to another student. Please mail or fax the acceptance form to:

The HOPE Network of Schools: Katherine G. Johnson S.T.E.A.M. School for Girls

FAX: () _____ - _____

If your child will not be attending, please notify us by phone or in writing as soon as possible. Your response will allow us time to notify students on the waiting list that they have been accepted.

If you have any questions regarding the contents of this letter, please feel free to call the school at () _____ - _____. We are excited to have your family as a part of our school family.

Sincerely,

Fanchion L. Blumenberg, Ed. D.
Principal



"Educating Her to Succeed so She Can Lead"

MEDIA CONSENT FORM AND RELEASE

I hereby consent to have my CHILD, _____ photographed, videotaped, audio taped and/or interviewed by HOPE NETWORK OF SCHOOLS: KATHERINE G. JOHNSON STEAM SCHOOL FOR GIRLS (HNS/KGJS) or its representatives/affiliates on the school premises when school is in session, or off campus at school events and to use my child's photograph or likeness or voice on an educational CD or video. As the child's parent or legal guardian, I agree to release and hold harmless HNS/KGJS, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph, likeness or voice on television, radio, video, motion pictures, in print or any/all medium.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by my child or me will become due to me, my child, our heirs, agents, or assignee at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, likeness or voice.

Student Name

Address

Signature of Parent or Guardian

Date



"Educating Her to Succeed so She Can Lead"

OFF CAMPUS ACTIVITY PERMISSION FORM

I, _____, give permission for my child to participate in field trips and other off campus activities throughout the school year. This includes permission for my child to participate in S.T.E.A.M. activities which may upon occasion be located outside of the school building. I understand that I will be notified in advance of all trips and any costs associated.

Student Name

Address

Signature of Parent or Guardian

Date



Educating Her to Succeed so She Can Lead

RELEASE OF INFORMATION REQUEST

I, _____ parent of _____

(Parent/Guardian)

(Student's Name)

hereby request the release of all academic, medical and social records for the above student to The Hope Network of Schools: Katherine G. Johnson S.T.E.A.M. School for Girls located at _____ Chicago, Illinois 606____.

Student Signature

Date

Current Grade

Date of Birth

Student School ID Number

Parent/Guardian Name

Parent/Guardian Signature

Date

OFFICE USE ONLY:

Name of School

Address

City

State

Zip

Signature

Title

Date