For Office Use Only
Interview Date & Time:
Notification of Admittance:



APPLICATION FOR ADMITTANCE

1. Name(s Full legal r	s) of children you name	wish to enroll:	Race	<u>Gender</u>	Birth Date	Grade Entering
Last	First	Middle				
Last	First	Middle				
Last	First	Middle				
Last	First	Middle				
2. Address	Street/Box			ity	Stat	e Zip
3. Phone Number:			Cell Numbe	er	Z.ip	
Primary E	Email Address:_					
4. Student'	's extra-curricular	interests (mus	ic, art, ath	letics, etc.)		

5. List chr	onologically all scho	ols your child has attended (includ	ing nursery and kindergarter
Grade	Name	Address	Dates
Grade	Name	Address	Dates
Grade	Name	Address	Dates
Grade	Name	Address	Dates
*Please an	y child you wish to en swer with either yes o back a grade?	nroll: or no. If yes, please explain and gi	ve the child's name.
Been evalu	nated for learning diff	iculties?	
Been recor	nmended for an evalu	nation due to learning difficulties?	
Been evalu	nated for ADD or AD	HD	
Been recor	nmended for an evalu	uation due to difficulties with conc	entration or attention?
Received t	utoring or other speci	al services?	
Caused yo	u personal concern re	lated to his/her academic progress	
Ever been	referred for or receive	ed professional, psychological, or p	personal counseling?
Had or hav	ve physical limitations	s (heart, hearing, speech impedime	nt, nervous condition, etc.)?
Had or hav	ve chronic illnesses? (Asthma, ulcers, diabetes, etc.)	
Ever been	suspended or expelle	d?	

7. Father's Name	of Employment	
Position	Phone	Cell Number
8. Mother's Name	f Employment	
Position	Phone	Cell Number
9. What is the marital relations	ship in your home? Please	e check any that apply. Parents are:
married and living to	ogetherseparated	one parent deceaseddivorced
Is (are) the student(s) li	ving with at least one pare	ent?
with whom is (are) the	student(s) living?	
Does (do) the student(s) live with one birth paren	t and a step parent? If so, please give
the name of the step par	rent	
If parents are divorced	or separated, who has lega	ıl custody?
Does the other parent h	ave legal right to informat	ion from the school? If so, please list a
		? (i.e. unusual accidents, serious illness,
11. EMERGENCY INFORMA	ATION	
Family Doctor		Phone
Clinic		

Health Status (please note any specific conditions, allergies, or limitations the school should be aware of):				
	t two NEARBY relatives or friend not be reached:	Is who will assume temporary care of your child if you		
Nan	ne Address	Relationship to student Phone		
Nar	ne Address	Relationship to student Phone		
12.	We desire to enroll our child(ren)) because:		
13.	How did you hear about Hope C	Christian Academy? I was referred by:		
14.	How does your child(ren) feel at	bout attending HCA?		
15.	Yes No	of a personal relationship with Jesus Christ? st as your personal Savior and Lord?YesNo		
•		pecame a Christian and about your personal relationship		
16.	Church Affiliation	Pastor's Name		
		occasionallymember		

17. Do you have any comments/questions, or are you in disagreement with our Statement of Faith, Mission Statement, or purpose and philosophy as stated in our handbook?

18. STATEMENT OF COOPERATION

In signing this application, I/we acknowledge our commitment to the following:

- We are willing to have our child taught in this school in accordance with its philosophy and objectives.
- We are in agreement with Hope Christian Academy's Statement of Faith.
- We hereby agree to accept the rules and regulations of the school, and authorize the staff to administer such disciplinary measures as may be deemed necessary and proper by the administration, in accordance with the school's Discipline Policy.
- We understand that the school is to make no refunds of registration fees and that tuition
 payments must be maintained on schedule. We understand that Hope Christian Academy
 reserves the right to expel our child if he or she fails to comply with established regulations
 and discipline, or if our financial obligations remain unpaid after the due date. (If this occurs,
 or he or she is withdrawn, the current month's charges are due and payable, and will not be
 refunded.)
- We understand that tuition and fees cover only a portion of the operating expenses, therefore we realize our participation in fund raising events is essential.
- We are willing to attend Parent Teacher Fellowship meetings as scheduled.
- Our child may participate in all school activities including field trips away from the school premises.
- We understand Hope Christian Academy does not tolerate profanity, obscenity in word or action, use of drugs, tobacco, or alcohol.
- We agree that students are expected to conduct themselves in a respectful manner at all times.
- We agree that the school has permission to investigate the background of our child(ren) to determine his or her fitness for entrance to Hope Christian Academy.
- If I, or any member of my immediate family, reach a point of disagreement on an issue of noncriminal nature with Hope Christian Academy and/or its legal corporate entity, in keeping with I Corinthians 6:1, I agree to submit to a board of conciliation, the members of which will be mutually selected by myself and officials of the school, rather than taking the dispute to a civil court. I agree the procedure to be followed, including costs involved, will be that which has been established by the Christian Legal Society.
- We understand that an asbestos management plan is on file in the school office and that it may be inspected during school hours.

All applications must be reviewed and approved by the school administrator prior to enrollment.

Signature of Parent/Guardian	Date
	

Nondiscrimination Policy

Hope Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national and ethnic origin in administration of its educational policies, admissions policies or scholarship.