



| <i>Office Use Only:</i> |                     |                    |
|-------------------------|---------------------|--------------------|
| Reg Fee:                | Paid: <u>      </u> | Due: <u>      </u> |
| Ins Fee:                | Paid: <u>      </u> | Due: <u>      </u> |
| Pmt:                    | Cash: <u>      </u> | Ck# <u>      </u>  |
|                         |                     | Total Paid:        |

### RE-ENROLLMENT APPLICATION

|             |              |               |             |               |                      |                         |
|-------------|--------------|---------------|-------------|---------------|----------------------|-------------------------|
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Race</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Grade or Daycare</i> |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Race</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Grade or Daycare</i> |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Race</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Grade or Daycare</i> |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Race</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Grade or Daycare</i> |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Race</i> | <i>Gender</i> | <i>Date of Birth</i> | <i>Grade or Daycare</i> |

**Please make sure to fill out each informational area below**

Mailing Address: \_\_\_\_\_

|                 |      |       |     |
|-----------------|------|-------|-----|
| Street/P.O. Box | City | State | Zip |
|-----------------|------|-------|-----|

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Place of Employment & Phone Number: \_\_\_\_\_

Mother's Place of Employment & Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

What is the marital relationship in your home? Please check any that apply. Parents are:  
 \_\_\_\_\_ married and living together \_\_\_\_\_ separated \_\_\_\_\_ one parent deceased \_\_\_\_\_ divorced

Is (are) the student(s) living with at least one parent? \_\_\_\_\_ yes \_\_\_\_\_ no. If "no", with whom is (are) the student(s) living? \_\_\_\_\_

Does (do) the student(s) live with one birth parent and a step parent? If so, please give the name of the step parent: \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the student(s)? \_\_\_\_\_

Does the other parent have legal right to information from the school? If so, what is his or her name and address?  
 If yes: \_\_\_\_\_

|      |                 |      |       |     |
|------|-----------------|------|-------|-----|
| Name | Mailing Address | City | State | Zip |
|------|-----------------|------|-------|-----|

PLEASE COMPLETE BACK SIDE OF THIS FORM

Emergency contact and phone number: \_\_\_\_\_  
*(Please include relation of emergency contact. Ex: aunt, grandmother, friend, etc.)*

Health status of the student(s) (allergies, illness, medication, limitations, etc.): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Clinic & Phone #: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Tuition Payment Schedule:**

\_\_\_\_\_ 9 Month (*Payments begin in September and end in May*)

\_\_\_\_\_ 12 Month (*Payments begin in June and end in May*)

\_\_\_\_\_ In Full Other: \_\_\_\_\_

**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.

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.