

## STUDENT INFORMATION

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home E-mail \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Grade to enter \_\_\_\_\_ School last attended \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Application \_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Position \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Position \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Marital Status: Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_  
Children in family of school age if not applying:  
Names \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Reasons they are not coming: \_\_\_\_\_  
\_\_\_\_\_  
Grandparents' Names and Addresses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RELIGIOUS INFORMATION

Church Attended \_\_\_\_\_  
Address \_\_\_\_\_  
Pastor \_\_\_\_\_ Phone # \_\_\_\_\_  
May we contact your pastor? Yes \_\_\_ No \_\_\_ Member? Yes \_\_\_ No \_\_\_  
Father: Christian? Yes \_\_\_ No \_\_\_ Mother: Christian? Yes \_\_\_ No \_\_\_  
Has applicant ever made a profession of faith in Christ? Yes \_\_\_ No \_\_\_

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Does applicant have any physical defects or allergies?  
Explain: \_\_\_\_\_  
Has the applicant received necessary immunizations? \_\_\_\_\_

## SCHOLASTIC INFORMATION

Has the applicant ever been dismissed or refused admission to another school? Explain: \_\_\_\_\_  
\_\_\_\_\_  
Has applicant ever had any disciplinary difficulties? Explain: \_\_\_\_\_  
\_\_\_\_\_  
Has applicant ever been in trouble with the law, arrested etc...?  
Explain: \_\_\_\_\_  
Has applicant ever used tobacco, alcohol, or drugs of any kind?  
Explain: \_\_\_\_\_  
Please indicate academic level of applicant's previous work:  
Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_  
Has applicant ever been retained in school? Explain: \_\_\_\_\_  
\_\_\_\_\_  
What outstanding ability (artistic, mental, musical, physical, social) does the student possess? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL INFORMATION

Tuition is paid to SMART Tuition Management Services and can be paid by several methods in a variety of schedules. A completed SMART tuition Payment Plan Enrollment Form must accompany this registration unless a family chooses to pay tuition in full by August. Full payment qualifies for a 5% discount.

- \_\_\_\_ I/We wish to pay the full year's tuition less 5% by August 1.  
\_\_\_\_ I/We have submitted the SMART Tuition Payment Enrollment Form with this application.

## GENERAL INFORMATION

How did you hear about this school? \_\_\_\_\_

Reasons for selecting this school? \_\_\_\_\_

## EMERGENCY INFORMATION

In case of an emergency, whom should we contact if mother and father are unavailable?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Information \_\_\_\_\_

(Company name)

Policy # \_\_\_\_\_

## AGREEMENT

I have read the Information Handbook and understand the terms stated therein. I commit myself and my student to full compliance with all HCA policies and regulations as identified in the Information Handbook and to full cooperation with school faculty, staff, and administration. I also give permission for my student's picture to be used for HCA promotions.

Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

Application must be filled out completely before processing. Application and Registration Fees of \$100.00 must accompany application and are non-refundable. An interview with the principal, the parents and the student is required before acceptance.

### OFFICE USE ONLY:

Received \_\_\_\_\_ By \_\_\_\_\_ Transcript Requested \_\_\_\_\_

Transcript Received \_\_\_\_\_ Interviewed \_\_\_\_\_ Status \_\_\_\_\_

SMART Tuition Management Enrollment Form Received \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_ Parent Training Completed \_\_\_\_\_

*"Hope Christian Academy accepts students without regard to race, color, sex, or national or ethnic origin who are willing to abide by its principles and objectives."*

# Student Application



## hope Christian Academy

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