



hope CHRISTIAN ACADEMY

920 Holley Ave, Suite 2 ~ St. Paul Park, MN 55071
(651) 459-6438

APPLICATION FOR RE-ENROLLMENT

This application is for students presently enrolled who desire to return for the 2010-2011 school year. The registration fee of \$50 by May 1 must accompany this application and is not refundable.

Student's Name _____

(Last, First, Middle)

Sex ____ Age ____ Birth Date _____

Home Address _____

City _____ Zip _____

Telephone # _____ Social Security # _____

E-mail address _____

Emergency Telephone # _____ Today's Date _____

Emergency Contact's Name _____

Church _____

Pastor _____ Telephone # _____

Member: Yes ____ No ____ Attend Regularly: Yes ____ No ____

PARENT'S PLEDGE

"I hereby pledge to pay my financial obligations to the school on the date due and understand that my children may be asked to withdraw if payments become overdue.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises.

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and to give my child encouragement in the completion of any homework or assignments.

I appreciate the standards of the school (Lifestyle Statements, Information Handbook) and do not tolerate a lifestyle that brings dishonor to God and the Word of God, nor disrespect to the personnel of the school. I hereby agree to support all regulations of the school as identified in the Information Handbook and authorize the school to employ such discipline as it deems wise and expedient for the training of my child.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

I am familiar with the Hope Information Handbook (it is updated regularly), 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

(over)

school faculty, staff, and administration. I also give permission for pictures or video of me or my student to used for HCA promotions."

(Signature of Father/Guardian) Date _____

(Signature of Mother/Guardian) Date _____

FINANCIAL INFORMATION

Tuition payment plans are available through SMART Tuition Management Services and can be paid by several methods in a variety of schedules. A SMART Tuition Payment Plan Enrollment Form is not necessary if the payment preferences are the same as this past year. A new SMART form must be filled out to change the frequency of payments or the due date in the month. No form is required if the family chooses to pay tuition in full by August 1. Full payment to HCA qualifies for a 5% discount.

- I/We wish to pay the full year's tuition less 5% by August 1.
- I/We wish to have the same payment schedule.
- I/We have submitted the SMART Tuition Payment Enrollment Form with this application. (Request a SMART form from the office.)

Athletic Participation Fee add:

- Volleyball (\$150)
- Basketball (\$150)
- Soccer (\$80)

ADVANTAGE PROGRAM

For students who want an academic advantage!

- Add \$1,500 to the student's tuition total.

NON-PARTICIPATION FUND RAISER OPTION FOR PARENTS

(Participation or donation is per family, not per student.)

- I/We wish not to serve in the school-starter work day. Add \$100.
- I/We wish not to serve at the Marathon for Education. Add \$100.
- I/We wish not to serve at the spring Spaghetti Supper. Add \$100.
- By not choosing the above, I/We, the parent(s), are volunteering to serve at each event not marked.

MEDICAL INSURANCE INFORMATION

Name of Physician _____ Phone # _____

Medical Insurance Information _____
(Company name)

Policy # _____

"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."