

APPLICATION YEAR

This is for the school year _____

STUDENT INFORMATION

Student's Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip Code _____

Family Home Phone _____

Family Email Address _____

Birth date _____ Age _____ Male _____ Female _____

Social Security # _____

Grade to enter _____ School last attended _____

Address of last school _____

Date of Application _____

FAMILY INFORMATION

Father/Guardian's Name _____

Employer _____ Business Phone _____

Position _____ Cell Phone _____

Mother/Guardian'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 _____

Reason(s) they are not coming to HCA:

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

Physician's Name _____ Phone _____

Medical Insurance Information _____
(Company name)

Policy # _____

Does the applicant have any physical defects or allergies? If so, please explain: _____

Has the applicant received necessary immunizations? _____

SCHOLASTIC INFORMATION

Has the applicant ever been dismissed or refused admission to another school? Explain: _____

Has the applicant ever had any disciplinary difficulties? Explain: _____

Has the applicant ever been in trouble with the law, arrested etc.? Explain: _____

Has the 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/abilities (artistic, mental, musical, physical, social, etc.) does the student possess? _____

FINANCIAL INFORMATION

Tuition payments are made 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 and is made directly to HCA.

- ____ 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 father and mother are unavailable?

Name _____

Phone _____ Cell _____

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. A non-refundable application fee of \$100.00 must accompany application. 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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