



## APPLICATION FOR ADMISSION

### PART I. PARENT'S INFORMATION

Date of Application: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Step Mother's Name (if applicable)

Step Father's Name (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Street Address:

Street Address:

\_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Pastor: \_\_\_\_\_

Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Baptized Yes ☐ No ☐

Mother Baptized Yes ☐ No ☐

I attend church: ☐ regularly ☐ seldom ☐ never

I attend church: ☐ regularly ☐ seldom ☐ never

Parent's marital status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Name and ages of other children in the family:	Applying to HCA?		If not where
_____	Yes	No	_____
_____	Yes	No	_____
_____	Yes	No	_____
_____	Yes	No	_____

How did you hear about Hope Christian Academy? (Check all that apply)

☐ Current HCA Family
 ☐ Newspaper
 ☐ Internet
 ☐ Other \_\_\_\_\_

If you were referred by an HCA Family, please print the family's name: \_\_\_\_\_

Is it your intention to have your child(ren) graduate from HCA? If not, explain. Yes ☐ No ☐

\_\_\_\_\_

\_\_\_\_\_

**PLEASE IDENTIFY PERSON RESPONSIBLE FOR TUITION PAYMENTS**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

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



**Applicant's Name:** \_\_\_\_\_

**PART II - STUDENT'S INFORMATION**

**(PLEASE PRINT CLEARLY)**

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Age \_\_\_\_\_ Sex: (M) ☐ (F) ☐ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Any grade repeated? ☐ Yes ☐ No

Reason for leaving current school: \_\_\_\_\_

Student lives with: ☐ Both natural parents ☐ Natural Father ☐ Natural Mother ☐ Mother and Stepfather

☐ Father and Stepmother ☐ Other, please specify: \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the child? (please circle) Mother Father

Name of legal guardian if other than a parent: \_\_\_\_\_

Any special custodial concerns? ☐ Yes ☐ No **If yes, please explain.**

Child attends Sunday School and/or Worship Service: ☐ Regularly ☐ Seldom ☐ Never

Child is Baptized: ☐ Yes ☐ No

Are languages other than English spoken in the home? ☐ Yes ☐ No

If yes, does the child speak and understand English? ☐ Yes ☐ No

Has the child ever had an IEP, 504 plan, or other accommodations for a learning disability? ☐ Yes ☐ No

Does the child currently have an IEP, 504 plan, or other accommodations? ☐ Yes ☐ No

Has the child been evaluated for any physical, psychological, or academic reason? ☐ Yes ☐ No

**\*If yes to any of the above, please attach a full copy of the IEP, 504 plan and/or test report.**

### PART III. MEDICAL INFORMATION

Pediatrician's Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Please check all that apply:

Seasonal Allergies ☐ If checked, please identify \_\_\_\_\_

Food Allergies ☐ If checked, please identify \_\_\_\_\_

Allergic to insect bites/stings ☐ If checked, please identify \_\_\_\_\_

Physical Disability ☐ If checked, please identify \_\_\_\_\_

Other ☐ If checked, please explain \_\_\_\_\_

Will your child require medication to be administered during the school day? ☐ Yes ☐ No

If yes, please explain briefly (other forms will be required):

\_\_\_\_\_  
\_\_\_\_\_

**HCA Application for Admission must be completed in its entirety in order to be processed. A non-refundable application fee of \$150 must accompany the Application for Admission. Upon receipt and acceptance of your application, you will receive the complete HCA school registration packet. An interview with the parent(s) and the student(s) will be scheduled prior to final acceptance. Registration fee and tuition are due in accordance with the HCA Fee Schedule.**

**\*\*Attach a copy of the student's** ☐ Birth Certificate ☐ Immunization Records

**I verify the facts set forth in this application and attached documentation. It is understood that if the information is not as stated, my application may not be considered or I may be asked to withdraw my child from HCA.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

FOR OFFICE USE ONLY			
Date Received ____/____/____	Amount Received	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Credit Card Info. Name _____ Number _____ Exp _____ ID _____ Approval _____	Proof of Immunization <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Emergency Contact Information <input type="checkbox"/>
By (initials) _____			