

G. ADMISSION FEE AND CONDITIONS

The admission fee of \$150.00 is non-refundable. The filing of this application is not binding upon either parent(s)/guardian(s) or the school. The Academy reserves the right to require assessments, with appropriate fees, if deemed necessary by the school administrator. Admission is based on grades, recommendations, test scores, application information and a personal interview.

I understand that if I am accepted, I agree to abide by all school regulations. I affirm that, to the best of my knowledge, all statements made herein are true. As a parent or guardian, I understand that failure to share all requested information may jeopardize my child's continuance at Hopewell Christian Academy if he/she is accepted. **As a parent or guardian, I agree to pay all tuition and fees incurred during the period that my child is a student at Hopewell Christian Academy.**

Signature of Student Date Signature of Parent/Guardian

The Admission Process at Hopewell Christian Academy

Listed below are the basic steps for your child's admission to Hopewell Christian Academy. Please call the Principal's Office if you have any questions regarding the application, or the school's programs in general.

1. Complete and return this application.
Please enclose the non-refundable \$150.00 application fee. Without this application fee we will not be able to process your application.
2. Complete and return the Transcript Release Request.
This form is to be returned to the Principal's Office with the application fees.
3. Complete the reference information below. (Please do not include relatives)
 - a. Pastor _____ Church _____
Phone _____
 - b. Neighborhood acquaintance _____
Address _____ Phone _____
4. Take the entrance exam (when applicable).
Your child will be scheduled for the next available entrance exam date. Please notify the Principal's Office if there is a conflict with the date scheduled.
5. Interview.
Based on an opening, acceptable school records, references and test results, your child will be scheduled for a personal interview. One parent must accompany the child at this interview.

As you complete the application, please keep in mind that your primary concern is for the development, success and happiness of your child. Our administrators and teachers promise to provide a quality education as well as a safe and pleasant environment for your child. Your involvement in Christian education is an investment in your child's future.

HOPEWELL CHRISTIAN ACADEMY ADMITS STUDENTS WITHOUT REGARD TO RACE, SEX, COLOR OR NATIONAL ORIGIN



Strengthening Christian Values, Reaching Academic Excellence. Luke 2:40

ADMISSION APPLICATION

Complete and return this application and Transcript Release form to Hopewell Christian Academy. Attach one hundred fifty dollar (\$150.00) application fee made payable, by check or money order, to Hopewell Christian Academy.

Student's Name Grade Applying For School Year

ADMISSION APPLICATION

A. APPLICANT DATA

Application for admission to grade _____ for year 20 _____

Student's Full Name _____ Home Phone _____
Last First Middle

Address _____
Street City State Zip

County _____ Date of Birth _____ Age _____ Sex _____ SS# _____

Name of Last School Attended _____ Telephone # _____

Grade Completed or Enrolled In _____ School Address _____

Religious Affiliation _____ Specific Congregation _____

Name (s) of Any Siblings Who Are Applying at HCA _____ Grades _____

How will the student be transported to and from school? _____

B. FAMILY DATA

Father/Guardian _____

Address (if different from above) _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Business or Profession _____ Religious Affiliation _____

Business Name _____ Business Phone _____

Business Address _____
Street City State Zip

Mother/Guardian _____

Address (if different from above) _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Business or Profession _____ Religious Affiliation _____

Business Name _____ Business Phone _____

Business Address _____
Street City State Zip

(If there is a separation or divorce in the family or if the student resides with a legal guardian, please complete Section C.)

F. SUPPLEMENTAL INFORMATION (Parents or Guardians complete this section)

As parents (s) . . .

1. How did you first become interested in HCA? _____

2. Do you attend church weekly? _____ Please list any specific church ministries in which you or your child may be involved. (Example: Bible School, church committees, etc.)

Has your child . . .

1. Expressed a desire to attend HCA? _____

2. Enjoyed school in the past? _____

3. a.) Ever been tested or recommended for a special education program?

Yes No

b.) Ever had a physical or learning disability?

Yes No

c.) Ever been recommended to take medication for an attention disorder?

Yes No

If you answered "yes" to any of the above questions, please explain on a separate sheet and have test results sent to the academy.

4. Does your child have any ongoing health problems? (Example: asthma, epilepsy, etc.)

Yes No

. If "yes", please identify: _____

5. Ever been expelled or suspended from school?

Yes No

If, "yes", please explain on a separate sheet.

C. ADDITIONAL FAMILY DATA

Name of Legal Guardian _____

Address (if different from above) _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Business or Profession _____ Religious Affiliation _____

Business Name _____ Business Phone _____

Business Address _____
Street City State Zip

D. STUDENT CHECK OUT LIST

Please indicate who will be able to check the student out of school. NO ONE else will be allowed to check out a student without written parental consent.

1.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

2.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

3.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

4.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

5.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

6.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

7.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

8.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

E. EMERGENCY MEDICAL INFORMATION

Emergency Contact Information— OTHER THAN PARENT(S) / GUARDIAN(S)

IF AN EMERGENCY OCCURS AND THE PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Close Relative _____ Relationship _____

Daytime Phone _____ Cell Phone _____

Neighbor / Family Friend _____ Relationship _____

Daytime Phone _____ Cell Phone _____

Co-Worker _____ Relationship _____

Daytime Phone _____ Cell Phone _____

Emergency Medical Information—

Child's Physician _____ Child's Medical Number _____

Physician Phone Number _____

Child's Allergies _____

Current Prescribed Medications

1.) _____ 2.) _____

3.) _____ 4.) _____

In the event of an emergency involving my child, and if the Hopewell Christian Academy staff cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature _____
(Parent or Legal Guardian Signature)

Date _____