# **APPLICATION YEAR**

This is for the school year	·
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# STUDENT INFORMATION

Student's Name		
(Last)	(First)	(Middle)
AddressCity		Zin Codo
•		-
Family Home Phone		
Family Email Address		
Grade to enter Scho	ol last attended	
Address of last school		
Date of Application		
FAMILY INFORMAT	ΓΙΟΝ	
Father/Guardian's Name		
Employer	Business	Phone
Position	Cell Pho	ne
Mother/Guardian's Name		
Employer	Business	Phone
Position	Cell Pho	ne
Marital Status: Married W	idowed Divorced_	Separated Single
Children in family of school ag	ge if not applying:	
Names	A <sub>2</sub>	
Reason(s) they are not coming	to HCA:	
Grandparents' Names and Add	resses:	

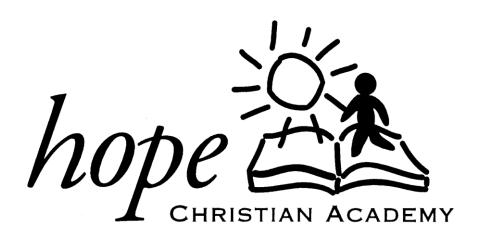
# **RELIGIOUS INFORMATION**

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 NamePhone		
Medical Insurance Information(Company name)		
licy #		
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 2% discount and is made directly to HCA.
I/We wish to pay the full year's tuition less 2% 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 \$150.00 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

# Student Application



# hope Christian Academy

920 Holley Avenue, Suite 2 St. Paul Park, MN 55071

Telephone: (651) 459-6438 www.HopeChristianAcademy.org

<sup>&</sup>quot;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."