

## 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 \_\_\_\_\_

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 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 \_\_\_\_\_

*"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

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

Telephone: (651) 459-6438  
[www.HopeChristianAcademy.org](http://www.HopeChristianAcademy.org)