

Hillsboro Christian Academy

2023-2024 APPLICATION FOR ADMISSION

The following is to be completed by a parent or legal guardian and returned to the office prior to enrollment.

Date of Application ____/____/____

Applying for Grade _____

Student's Name _____

Last

First

Middle

Student's Biological Sex: M F (circle one)

Address _____

Street

City

State

Zip Code

Date of Birth ____/____/____

1. Father's Name _____

Email: _____

Address (if different from student)

Street

City

State

Zip Code

Father's phone: _____

Father's Occupation/Position _____

2. Mother's Name _____

Email: _____

Address (if different from student)

Street

City

State

Zip Code

Mother's phone: _____

Mother's Occupation/Position _____

3. If there are other children in your family, please complete:

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age _____ School _____

4. What is the marital relationship in your home?

Parents are: Married & living together Separated Divorced Widowed(er)

(If other, please specify) _____

5. Is the student living with at least one parent? Yes No

If "no", with whom is the student living (grandparent, guardian, etc.)?

6. If parents are divorced or separated, who has legal custody of the student? (Name of legal guardian if other than a parent) _____

7. Please list schools previously attended, most recent first

School Address/Zip Dates Attended Grades Completed

8. Why is your student transferring from his/her present school?

9. Student's grades have been:

All A's. Primarily A's & B's. Primarily B's & C's Primarily Below C

10. Has the student ever been:

suspended expelled asked to withdraw

**If so, please give full details on a separate sheet of paper, including the principal's name and contact information.

11. Has the student ever repeated a grade? Yes No Grade(s) _____

12.. Has this student been diagnosed as having any of the following problems?

ADHD Dyslexia Hand-eye Coordination Problems

Visual Perception Learning Disability Emotional Difficulties

Other (If so, explain) _____

Has this student been in any special education program? ___ Yes ___ No Grade(s) _____ If yes, please describe the program: _____

13. Describe the student's interests, talents, abilities:

14. Are there any medical reasons the applicant cannot participate in the physical education program? ___ Yes ___ No.

If "yes", please explain _____

15. If you have further information which may assist in the guidance of your child, such as pertinent medical, allergies, or other details the school should be aware of, please indicate below.

16. Medical Insurance/Medicaid is required for each child. Provide information below:

Insurance Provider _____

Policy number _____ Primary Care Provider _____

17. Please state your personal Christian Experience and Faith: (Attach separate page if needed.)

Father: _____

Mother: _____

18. Why do you want your child to enter Hillsboro Christian Academy? _____

18. How were you made aware of HCA? _____

I have received a copy of Hillsboro Christian Academy's current handbook. I have read and understand HCA's policies and standards. I agree to support and abide by the information in the handbook. (Please initial in the appropriate space.)

Father _____ Mother _____ Guardian _____

Are you considering volunteering hours to assist with tuition and fees? Y / N

If yes, you will need to pass a background check and be ministry safe approved.

To the best of my ability, I/we have provided accurate, truthful information on this application form.

BOTH PARENTS' SIGNATURE REQUIRED, UNLESS A SINGLE PARENT HOME:

Father/Guardian

Date

Mother/Guardian

Date

*Hillsboro Christian Academy students are admitted without regard to
race, color, religion, or national and ethnic origin.*

*Every applicant will be evaluated. Once numerical limit is attained,
additional applicants will be put on a waiting list.*