

Approved: _____
All Fees are Nonrefundable
Date Received _____



Highland Christian Academy New Student Application

I. INFORMATION CONCERNING THE STUDENT:

Last Name: _____ First Name _____

Current Address: _____

City: _____ State _____ Zip Code: _____

Home Phone Number (____) _____ - _____ E-Mail Address _____

Social Security Number _____ - _____ - _____

Gender ____ Male ____ Female Date of Birth: Year _____ Month _____ Day _____

Note: K-5 students must be 5 before September 1.

First Grade students must be 6 before September 1.

Circle grade applying for K 5 1 2 3 4 5 6 7 8 9 10 11 12

Last School Attended _____

Address: _____

City: _____ State _____ Zip Code: _____

Note: Parents/Guardians who wish to register a new student are required to submit the previous year's report card from the former school. However, **further testing may be required.**

Please note the results of student's last standardized test result.

Name of test: _____ Scores: _____

CONDUCT

Has the student repeated any grade? ____ Yes ____ No

If so, state the grade and reason: _____

Has the student had any disciplinary difficulty in school? ____ Yes ____ No

If so, please explain: _____

Is the student eligible for readmission to his/her previous school? ____ Yes ____ No

Has the student been in: In School Suspension (ISS) ____ Yes ____ No

Out of School Suspension (OSS) ____ Yes ____ No

Has the student ever been disciplined for serious infraction of school standards? ____ Yes ____ No

Has the student had any encounters with law enforcement or juvenile authorities? ____ Yes ____ No

Has the student been expelled from a school or been convicted of a crime? ____ Yes ____ No

If so, explain: _____

How would you characterize your son/daughter's performance in school so far? _____

MEDICAL

Is the student covered by a health insurance program? _____ Yes _____ No

Note: If the child is injured on the school campus, the student's health insurance will be filed.

Has the student ever undergone educational evaluation administered by a clinical psychologist, psychiatrist, or counselor? _____ Yes _____ No

Does the student receive medication on a regular basis? _____ Yes _____ No

If so, explain: _____

Medication: _____ Dosage: _____ Frequency: _____

Please state any communicable disease the student may have: _____

State law requires parents/guardians to submit a Certificate of Immunization 3231 against polio, MMR (measles, mumps, Rubella), and DPT. Hepatitis B Series is required for all students born after January 1, 1992.

Person responsible for paying tuition: Name _____

Address _____ City _____ State _____ Zip Code _____

How did you hear about Highland Christian Academy? _____

Reason for selecting HCA? _____

II. INFORMATION CONCERNING THE FAMILY:

Father's/ Guardian's Name _____ Father's/ Guardian's Work Phone (_____) _____ - _____

Place Employed _____ Occupation _____

Father's/ Guardian's Cell Phone (_____) _____ - _____ Father's/ Guardian's Pager Number (_____) _____ - _____

E-Mail Address _____

Current Address: _____

Church Attending _____ Church Member Y _____ N _____

Mother's Name _____ Mother's Work Phone (_____) _____ - _____

Place Employed _____ Occupation _____

Mother's Cell Phone (_____) _____ - _____ Mother's Pager Number (_____) _____ - _____

E-Mail Address _____

Current Address: _____

Church Attending _____ Church Member Y _____ N _____

How often do you attend church: _____ Weekly _____ Monthly _____ Annually

Responsible adult to contact if parents can't be reached: _____ Phone number _____

Has the father/ guardian, mother and student received Jesus Christ as personal Lord and Savior?

Father/ Guardian ___ Yes ___ No If so, explain _____

Mother ___ Yes ___ No If so, explain _____

Student ___ Yes ___ No If so, explain _____

What practices do you follow daily to provide spiritual growth for your family? _____

III. GRANDPARENT INFORMATION:

Paternal Grandparents _____

Address _____ City _____ State _____ Zip Code _____

Home number (____)-____-____ Cell number (____) - _____ - _____

Maternal Grandparents _____

Address _____ City _____ State _____ Zip Code _____

Home number (____)-____-____ Cell number (____) - _____ - _____

Note: Any student who misrepresents information on an admission application may be subject to dismissal without a refund of application fees. I agree that the continued enrollment of my child in this school is dependent on my parental support of the school, its staff, and its policies.

We, the possible student and parents/guardian, certify that the information given is complete and true.

If my application is accepted and I become a student, I agree to abide by published regulations of Highland Christian Academy and policies of the Board of Education.

Student Signature _____ Date _____

Father Signature _____ Date _____

Mother Signature _____ Date _____

Highland Christian Academy reserves the right to make changes as necessary.
Highland Christian Academy has a racially nondiscriminatory policy and, therefore, shall not discriminate against members, applicants, students, and others on the basis of race, color, national or ethnic origin.

Incomplete application packages will not be accepted.



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