

Approved: \_\_\_\_\_  
**All Fees are Nonrefundable**  
Date Received \_\_\_\_\_

# Highland Christian Academy

## New Student Application

### I. INFORMATION CONCERNING THE STUDENT:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_ Male \_\_\_\_ Female Date of Birth: \_\_\_\_\_

Note: K-4 students must be 4 by September 1.

K-5 students must be 5 by September 1

Circle grade applying for K4 K5 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?*** \_\_\_\_\_

**Tell us who we can thank for you applying/Referral (if applicable)** \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place Employed \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current Address: \_\_\_\_\_

Student Email:(if applicable) \_\_\_\_\_

Student Cell: (if applicable) \_\_\_\_\_



**III. RELIGIOUS INFORMATION**

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/mother/guardian 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? \_\_\_\_\_

\_\_\_\_\_

**IV. 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.**

4023 Pine Grove Rd., Valdosta. GA. 31605 (229)245-8111

E-mail: [registrar@hcavaldosta.org](mailto:registrar@hcavaldosta.org)

