

**Office Use**

Multi-Child: \_\_\_\_\_

Pastor: \_\_\_\_\_

Military: \_\_\_\_\_

Approved: \_\_\_\_\_

**All Fees are Nonrefundable**

Date Received \_\_\_\_\_

# Highland Christian Academy New Student Application

**INFORMATION CONCERNING THE STUDENT:**

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

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

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

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

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

Student 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/transcript, behavior, and attendance records from the former school. However, **further testing may be required.**

**INFORMATION CONCERNING THE FAMILY:**

Father's/ Guardian's Name \_\_\_\_\_ Father's/ Guardian's Cell/Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Father's/ Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell/Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

**CONDUCT**

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

Has the student repeated any grade? \_\_\_\_ Yes \_\_\_\_ No

Has the student been "placed" in any grade? \_\_\_\_ Yes \_\_\_\_ No

Has the student ever had an IEP or Specialized Learning Plan? \_\_\_\_ Yes \_\_\_\_ No

If so, state the grade and reason: \_\_\_\_\_

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

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: \_\_\_\_\_

**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.**

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.***

**EMERGENCY CONTACT**

Responsible Adult of Contact if parent/guardian cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

**FINANCIAL**

Person responsible for paying tuition: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REFERRAL**

***How did you hear about Highland Christian Academy?*** \_\_\_\_\_

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

Reason for selecting HCA? \_\_\_\_\_

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Pastor: \_\_\_\_\_

Military: \_\_\_\_\_

**RELIGIOUS INFORMATION**

Church Attending \_\_\_\_\_ Church Member Y \_\_\_\_\_ N \_\_\_\_\_

How often do you attend church: \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually

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? \_\_\_\_\_

**Note:** Any student/parent/guardian that 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.**

**Parent/Student (N/A for K4-1<sup>st</sup> grade student) signature acknowledges that you have read and agreed to the Student Handbook policy found on the HCA website under the admissions tab.**

Student Signature \_\_\_\_\_ (if capable) 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.

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

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

