



APPLICATION FOR ENROLLMENT
416 Denham Avenue, West Columbia, SC 29169
2023-2024

For Office Use:

Table with 1 column and 6 rows: Date, Interview, Fees Paid, Birth Certificate, SC Immunization, Records Requested.

PERSONAL INFORMATION

Student's name Last First Middle Called by

Student's Age Gender Birth Date Social Security #

Address

Father/Guardian's Name Cell #

Address (if different from above)

Employer Work Phone

Father/Guardian's E-mail Address

Mother/Guardian's Name Cell #

Address (if different from above)

Employer Work Phone

Mother/Guardian's E-mail Address

Student lives with

Names & Ages of Siblings

ACADEMIC INFORMATION

Previous Grade Placement Last school attended

Previous school address

How did you learn about HCA?

Why do you desire to pursue enrollment at HCA?

How would you describe your child's academic achievement at their previous school?

Does your child currently have any prescribed learning accommodations?

What are your educational expectations for your child?

Has the student ever been expelled? _____ Suspended? _____ Is he currently suspended? _____

Is there a balance due at another school? _____ Name of school? _____

MEDICAL INFORMATION

Child's Physician

Address

Phone

Has your child ever been treated for a nervous, mental, or emotional disorder? _____

If yes, please explain: _____

Does your child require related services, such as speech or physical therapy? _____

If yes, please explain: _____

Has your child had psychological testing done by your county school district or other qualified health professionals? _____ By whom/where? _____

Does the testing indicate that your child is eligible for special education services? _____

Under what category?

- Learning Disabled
 - Math Calculation
 - Reading Comprehension
 - Oral Expression
 - Written Expression
 - General Comprehension
 - Specific Language Disorder (Dyslexia)
- Other Health Impaired
 - Attention Deficit Disorder (Without Hyperactivity)
 - Attention Deficit Disorder (With Hyperactivity)
- Educable Mentally Handicapped (EMH)
- Trainable Mentally Handicapped (TMH)
- Severe Profound Mentally Handicapped (SPMH)
- Emotional Disorder
- Pervasive Development Disorder
- Autism
- Other (Please Specify) _____

Is your child currently on any medications? _____ If yes, please list medications and reasons for medications: _____

SPIRITUAL & BEHAVIORAL INFORMATION

Church family attends _____ Are you a member? _____

Are there any unusual factors in your child's life (Eg. Unusual living situation, unusual accidents, other struggles)? _____

For Junior & Senior High Students: To your knowledge, has your child

Used Tobacco in the last 6 months? _____

Used Illegal Drugs in the last 6 months? _____

Used Alcohol in the last 6 months? _____

To be completed by students 12 years and older:

Do you want to come to Hope Christian Academy? _____

Why do you want (or not want) to come to Hope Christian Academy? _____

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STATEMENT OF COOPERATION
HOPE CHRISTIAN ACADEMY

It is understood that my child's attendance is a privilege and not a right and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment. I further understand that the school is not able to handle students with police records or those who have used narcotics.

I give permission for my child to take part in all school activities, including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity.

I agree with the school's efforts to impart Bible knowledge to my child and to teach him or her to live according to Biblical principles. I also agree to encourage my child in this and all other phases of the curriculum.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accordance with the standards of discipline the school sets for itself.

If my child voluntarily withdraws or is requested by the school to withdraw, it is understood and accepted that no refund of entrance fees or monthly tuition will be made. It is also understood that I/we are responsible for a full month's tuition if my child is enrolled during any part of a given month.

Parent's/Guardian's Signature _____ **Date** _____



STEPS TO ENROLLMENT

1. Schedule a tour with us!

Call us at (803)794-8996 or email hcateacher4@gmail.com. For your scheduled tour, please bring:

_____ Application for Enrollment

2. After touring, arrange for an interview date. For this interview, please bring:

_____ Your child

_____ HCA Statement of Cooperation

_____ A copy of a recent report card or transcript. (1st-12th grade applicants)

_____ A copy of standardized test scores if available (achievement tests; 1st-12th grade applicants)

3. If notified of official acceptance, our accountant will send you an invoice for enrollment/application fees. These fees can be paid by check and mailed or dropped off to the school office.

A copy of the following documents must be provided to the school office prior to enrollment:

_____ A copy of the student's Birth Certificate

_____ The SC Certificate of Immunization (DHEC 4024) or exemption form (DHEC 1126)

_____ Social Security number

Contact us!

416 Denham Ave

West Columbia, SC 29169

(803) 794-8996

hcateacher4@gmail.com

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