

HOPE CHRISTIAN ACADEMY

545 Alexander Cir.
Columbia, South Carolina 29206
803-790-4028
803-318-6357

APPLICATION FOR ADMISSION

STUDENT			
LEGAL LAST NAME	FIRST	MIDDLE	
DATE OF BIRTH	SEX	CHRONOLOGICAL AGE	GRADE PLACEMENT LAST YEAR
SOCIAL SECURITY NUMBER	SCHOOL ATTENDED LAST YEAR		

FATHER OR GUARDIAN HAVING PATERNAL AUTHORITY			
LAST NAME	FIRST	MIDDLE	
CURRENT ADDRESS	CITY	STATE	
HOME PHONE	EMAIL ADDRESS	EMPLOYER	WORK PHONE

MOTHER OR GUARDIAN HAVING MATERNAL AUTHORITY (If same, indicate "same.")			
LAST NAME	FIRST	MIDDLE	
CURRENT ADDRESS	CITY	STATE	
HOME PHONE	EMAIL ADDRESS	EMPLOYER	WORK PHONE

PLEASE CHECK ONE APPROPRIATE PARENTAL STATUS FOR BOTH FATHER AND MOTHER.					
	FATHER	MOTHER	FATHER	MOTHER	
MARRIED	_____	_____	DECEASED	_____	_____
SEPARATED	_____	_____	WIDOW, REMARRIED	_____	_____
DIVORCED	_____	_____	WIDOWER, REMARRIED	_____	_____
DIVORCED, REMARRIED	_____	_____	SINGLE PARENT	_____	_____
			FOSTER	_____	_____
CHILD LIVES WITH	_____	_____	OTHER (please explain) _____		

PLEASE COMPLETE THE FOLLOWING INFORMATION.

FIRST NAME OF BROTHER/SISTER SEX AGE CURRENT GRADE NAME OF SCHOOL ATTENDING

HOME CHURCH

NAME OF CHURCH

ADDRESS

PASTOR'S NAME

PHONE

REASON FOR SELECTING HOPE CHRISTIAN ACADEMY _____

HOW DID YOU FIRST HEAR OF HOPE? _____

WHAT ARE YOUR EDUCATIONAL EXPECTATIONS FOR YOUR CHILD? _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN

ADDRESS

PHONE

HAS YOUR CHILD EVER BEEN TREATED FOR A NERVOUS, MENTAL OR EMOTIONAL DISORDER? _____

IF SO, PLEASE EXPLAIN: _____

DOES YOUR CHILD REQUIRE RELATED SERVICES, SUCH AS SPEECH OR PHYSICAL THERAPY? _____

IF SO, PLEASE EXPLAIN: _____

HAS YOUR CHILD HAD PSYCHOLOGICAL TESTING DONE BY YOUR COUNTY SCHOOL DISTRICT OR OTHER QUALIFIED 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
 - SPECIFIC LANGUAGE DISORDER (DYSLEXIA)
 - GENERAL COMPREHENSION
- 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? YES _____ NO _____

IF YES, LIST MEDICATIONS AND REASONS FOR MEDICATIONS:

THIS SECTION TO BE COMPLETED FOR JUNIOR AND 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? _____

EVER BEEN DISMISSED FROM ANOTHER SCHOOL? _____ REASON _____

TO BE COMPLETED BY STUDENTS 12 YEARS AND OLDER

DO YOU WANT TO COME TO HOPE CHRISTIAN ACADEMY? _____

IF YES, WHY DO YOU WANT TO COME TO HOPE CHRISTIAN ACADEMY? _____

IF NO, WHY DO YOU NOT WANT TO COME TO HOPE CHRISTIAN ACADEMY? _____

**STATEMENT OF COOPERATION
AT 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 principals. 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.

Signature of Father (Guardian)

Signature of Mother (Guardian)

DATE