

(Our) HOPE Christian Academy Student Application

Applicant Information/ Parent Information

Student's Name _____ Date of Birth _____

Social Security # _____ Grade applying for _____

Home Address _____ State _____ Zip Code _____

Phone Number _____ Cell Phone _____

Parent's Name _____ Address _____

State _____ Zip Code _____ Phone Number _____

Cell Phone _____ Email Address _____

Employer _____ Address _____

Business Phone Number _____

EMERGENCY Contact Information

People student may be released to:

Name _____ Address _____

Phone Number _____ Cell # _____

Relationship _____

Name _____ Address _____

Phone Number _____ Cell # _____

Relationship _____

General School Information

Has the student ever applied to Our HOPE Christian Academy before? ____yes
____no

Has the student ever been dismissed from a school? ____yes ____no

Has the student ever had problems with absences, tardiness or discipline? ____yes
____no

If yes, explain

Does the student have any learning disabilities? ____yes ____no

If yes, please attach a copy of all testing done and any IEP information.

What was the student's average grade at his previous school, if applicable?

____A ____B ____C ____D ____F

What were the child's scores on standardized testing? (Stanford, California, Iowa, etc.)

Test _____year _____

Did the child attend another school? If yes, what is the name of the school?

Please have your child's transcripts forwarded to Our HOPE Christian Academy.

Medical Information

Does the student have any history of medical problems? ____yes ____no

If yes, does the medical problem require special requirements or needs? Explain

Does the student have any food/ medicine allergies? ____yes ____no

If yes, please list what the allergies are and the severity of each allergy.

Do you have health insurance? ____yes ____no

Insurance Name _____Policy

Number _____

Student's physician _____ Address

_____ Phone Number _____

Student's dentist _____ Address

_____ Phone Number _____

Church Information

Does the student currently attend church? _____yes _____no

If yes, what is the name of the church and the pastor's name?

Does the student regularly attend Sunday school? _____yes _____no

Do the parents go to church with the student? _____yes _____no _____only one parent goes

Are the parents members of the church? _____yes _____no

To be completed by student IF the student is going into 7th through 12th grade

(Please answer questions **on a separate sheet of paper and attach it to the application**, along with your signature and date.)

Do you believe that Jesus Christ is your Lord and Savior? Give an explanation of what you believe. (You may use Scripture.)

Do you believe that the Bible is the Word of God? Give reasons.

What are the three most important reasons why you wish to attend Our HOPE Christian Academy?

Will you uphold the standards and beliefs of Our HOPE Christian Academy as set forth by the School Handbook?

Student's signature _____ Date _____

Parent Commitment

Will you confirm your faith in Jesus Christ and uphold the faith principles as set forth in the Apostles' Creed? ____yes ____no

Will you support your student and the teachers as they endeavor to reach your student's fullest educational and spiritual potential? ____yes ____no

Will you endeavor to fulfill your financial obligations to the schools, knowing that failure to do so could result in the student's removal from school? ____yes ____no

Will you provide your student with the Christian example needed to help raise a Godly student? ____yes ____no

Will you uphold the standards and beliefs of HOPE Christian Academy as set forth by the School Handbook?

Parent's Signature _____ Date

***Along with the application and necessary paperwork please include the nonrefundable application fee of \$75. The application process also includes an interview with the parents and the student. Once the primary process is complete, it may be necessary to conduct tests to ensure that the student is placed in the proper grade. ***