

# HOPE CHRISTIAN ACADEMY

## Student Application for 2008-2009

This application does not ensure enrollment, but provides the basic information for consideration and record keeping. Final acceptance into the program will be determined after personal interviews between parents, students and the school Administrator and after testing. A \$50.00 (non-refundable) fee is to accompany the application. (This fee includes testing fees.)

PLEASE PRINT

### Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M/I: \_\_\_\_\_ Race \_\_\_\_\_  
Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Grade Entering: \_\_\_\_\_

### Parent/Guardian Information: Parent (responsible for billing)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
SS#: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Lives with student: Yes No Divorced  
Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Comments: \_\_\_\_\_

List last school attended. If private, list last public school attended as well:

School Name	Phone Number
1. _____	_____
2. _____	_____

Has student ever been suspended or expelled from school: Yes No If yes, explain?

Does student have an IEP? If yes, state disability (SLD, ADHD, etc.)

Is student currently on the McKay Scholarship? \_\_\_\_ Yes \_\_\_\_ No Matrix Number: \_\_\_\_\_

Name of the Church you are regularly attending: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_