



For Office Use Only		
Date Application Received:	Entering Grade:	
Committee Notes:		
Date of Admission:	Initial Tuition Payment Rec'd <input type="checkbox"/>	
Check #	<input type="checkbox"/> Cash	Amount \$

1125 N. Dobson Road, Chandler, AZ 85224 (480)722-1445

Please return your Request for Admission with your Tuition Agreement to the school office as PDF attachments by email to hca@hope-eagles.com or as hard copies by US mail or in person (during our business hours) for review by our Admission's Committee. The Admissions Committee will only review applicants with these completed documents. The Personal Reference Form can be included with these documents or may be sent by US Mail directly by your reference to arrive separately. The completed Personal Reference Form will be part of the consideration by the committee, but the delay of one will not prevent an application from be reviewed.

NEW STUDENT – REQUEST FOR ADMISSION

HOPE Christian Academy admits students of any race, color, and national or ethnic origin. This application is considered a confidential document and your responses will be shared only with the Admissions Committee and administration approved school employees.

A \$200.00 initial tuition payment will be required to complete this application upon approved enrollment.

Student Information

If you need more space please attach a separate document with corresponding numbered answers.

Name _____ Sex _____ Age _____
Last First Middle

Home Address _____

City State Zip

Home Phone _____ Mother's Cell: _____ Father's Cell: _____

Primary email address _____

Date of Birth _____ Student is applying for _____ grade for the 2018-19 school year.

School last attended _____ How long? _____

1. How did you hear about HOPE Christian Academy (HCA)?
 Internet Search Former or Current HCA family _____ Other
2. Have you applied or will you be applying at any other school(s) this year? _____
3. Are you applying for admission of all of your children who are eligible to attend HCA? _____
4. If not, why not? _____

5. I want my child to attend HOPE Christian Academy for the following reasons: _____

6. From what you have heard, read, and observed about HCA, share why you feel it is a good fit for your child and your family. _____

7. Has student ever received special services or qualified for an IEP (Individualized Education Plan) or 504 plan? _____ If yes, please explain and attach documentation: _____

8. Has student ever repeated a grade? _____ If yes, state grade and reason: _____

9. Has student ever been suspended or expelled from a school? _____ If yes, please explain: _____

10. What do you want us to know about your child? (academic and/or personal strengths/challenges, interests, extracurricular activities, etc.) _____

11. Who will be the consistent adult on the Home-Based Learning (HBL) days? _____
Will this adult be present and available during the HBL days? _____

12. As HCA is a partnership between parents and teachers. How will you fulfill your role in order to make the HBL day successful? _____

13. What are your personal expectations for quality work from your child? _____

14. How will your child respond to you as the parent/teacher on the HBL day? _____

15. Do you anticipate any personal activities (Bible study, grocery shopping, etc.) as the parent/teacher during the HBL day? _____

16. What extra activities (music lessons, sports, etc.) do you anticipate your child being involved in during the HBL day? _____

17. What is your availability during our school days (Tuesdays, Thursdays, and or Fridays) to fulfill the required service hours on-campus each month? _____

18. What is your commitment level to attend HCA evening events (Family Worship Nights, All School Musical and Celebration of Learning)? _____

FAMILY INFORMATION:

(All school information will be sent to primary residence unless requested otherwise).

Father's Name _____

Biological Step Adopted

Mother's Name _____

Biological Step Adopted

Parents' Marital Status Married _____ Single _____ Divorced _____ Widowed _____

Mailing address (only if different from physical address stated on page one):

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Church Affiliation and Involvement _____

Names of Siblings:

Birth Dates:

PARENTAL INFORMATION (OTHER THAN STUDENT'S PRIMARY RESIDENCE):

Father's Name _____ Mother's Name _____
Biological Step Biological Step

Address _____

Phone _____ Phone _____

Email _____ Email _____

I have read and understand this Request for Admission, and also the HCA Statement of Faith and Family Covenant available on the "About Us" page of the school website (www.hope-eagles.com). In making this request for admission, I accept, on behalf of the student, the principles of the school and I further understand that:

1. The teacher has discretion in the classroom discipline of my child.
2. We commit to agree with any policy or policy implementation. Furthermore, we accept the Biblical instruction of:
 - a) unity among the brethren as talked about in I Peter 3:8, Ephesians 4:4-6, Acts 2:42-47, and I Corinthians 12:25
 - b) the teaching of correct behavior as a follower of Christ found in 2 Timothy 2:23, Ephesians 4:32, Philippians 2:4, and James 3:5-8
 - c) HOPE Christian Academy encourages a Biblical approach to any differences or misunderstandings by promptly bringing your concern to the appropriate teacher, staff member or administrator. An explanation of the Matthew 18 principle for conflict resolution as it applies to our school community can be found online at <http://peacemaker.net/project/acsi-the-matthew-18-principle-for-solving-school-problems/>
3. My cooperation is expected in:
 - a) the regular tuition payments
 - b) fulfillment of HCA campus/classroom service hours and
 - c) upholding of the HCA Family Covenant
4. The school reserves the right to dismiss my student if he/she does not respect its spiritual standards or cooperate in the educational program or if I (we) the parent(s) do not support school policies.

Parent Signature _____ Date _____

Parent Signature _____ Date _____