

For Office Use Only		
Date Application Received:	Tour Date:	
Committee Notes:		
Date of Admission:	Registration Fee Rec'd	
Check # 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 lpitt@hope-eagles.com or as hard copies by US mail or in person (during our business hours) for review by our Admission Committee. The Admissions Committee will only review applicants with these completed documents. The two Personal Reference Forms can be included with these documents or may be sent by US Mail directly by your reference to arrive separately. The completed Personal Reference Forms will be part of the consideration by the committee, but the delay of one will not prevent an application from being reviewed.

## **NEW PRESCHOOL 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 <u>\$250 non-refundable registration fee per student (family maximum of \$750)</u> 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			
Date of Birth						
Student is applying for 3's Preschool 2024-25 school year.						
Student is is applying for Pre-Kindergarten 2024-25 school year.						
Are you thinking of applying at any other schools?						

aren	ts' Marital Status: Married Single _			
ather	's Name	_ Phone		
		Father's Occupation		
Mother's Name		Phone		
Email_		Mother's Occupation		
1.	How did you hear about HOPE Christia			
Ц		ICA family		
	Other (please specify)			
2.	Are you applying for admission to all of	your children who are eligible to attend HCA?		
	If not, why not?			
3.		observed about HCA, share why you feel it is a		
	good fit for your child and your family			
4.	What do you want us to know about yo	ur child? (academic and/or personal		
	strengths/challenges, interests, extract	urricular activities, etc.)		
5.	What is your availability during our sch	ool days (Tuesdays, Thursdays, and or Fridays)		
	to fulfill the required service hours <u>on-c</u>	ampus each month?		
6.	Is this your child's first preschool exper			
7.		ntal program(ex. Speech, Occupational therapy)		
		0		
	☐ Yes or ☐ No If so, what type of pr			
	Do you have a church home? Yes or	] PNo		
8.	Do you have a church home? Yes or	]		

#### ADDITIONAL INFORMATION:

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

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

#### FAITH & TESTIMONY:

Church Affiliation and Involvement

Please write a brief testimony about your personal relationship with Jesus Christ as the parent(s). (Personal testimony can be attached separately to the application if needed)



### PLEASE REVIEW AND CHECK THE FOLLOWING ITEMS AND SIGN BELOW:

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 (<u>www.hope-eagles.com</u>). In making this request for admission, I accept, on behalf of the student, the principles of the school and I further understand that:

- The teacher has discretion in the classroom discipline of my child.
- 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 <u>http://peacemaker.net/project/acsi-the-matthew-18-principle-for-solving-school-problems/</u>

• 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

• 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.

I understand that refunds cannot be issued for student absences due to sickness, vacations, closures due to weather or circumstances beyond our control.

• I will provide updated IMMUNIZATION records for my child by the start of school year.

Parent Signature	Date	
•	-	

Parent Signature \_\_\_\_\_\_Date\_\_\_\_\_