

For Office Use Only		
Date Application Received:		Entering Grade:
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 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 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 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 $300 non-refundable registration fee per student (family maximum of $900) 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 _____ grade for the 2027-28 school year.

School last attended _____How long?_____

Are you thinking of applying at any other schools? _____

Father's Name _____ Mother's Name_____

Phone _____ Phone _____

Email_____ Email _____

Father's Occupation _____ **Mother's** Occupation _____

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

1. How did you hear about HOPE Christian Academy (HCA)?
   ☐ Internet Search ☐ Former or Current HCA family_____
   ☐ Other (please specify) _____
2. Are you applying for admission of all of your children who are eligible to attend HCA?_____
3. Please list all of your children's names, ages, and grades: (if you have children younger than kindergarten, please list the school year that they would be starting kindergarten)_____
   _____
   _____
   _____
   _____
4. If not, why not? _____
   _____
   _____
5. 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._____
   _____
   _____
   _____
   _____
6. Has student ever been diagnosed with a learning disability or medical condition for which they received, or were qualified to receive, special services, or qualified for an IEP (Individualized Education Plan) or 504 plan? _____ If yes, please explain and attach documentation:_____
   _____
   _____
   _____
7. Has student ever repeated a grade? _____ If yes, state grade and reason:_____
   _____
   _____
   _____
8. Has student ever been suspended or expelled from a school? _____If yes, please explain:
   _____
   _____

_____

_____

9. Primary language spoken in the home?

   _____

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 Remote Learning (RLD) days? _____
    Will this adult be present and available during the RLD days? _____

    _____

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

    _____

    _____

    _____

ADDITIONAL INFORMATION:

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

_____

ADDITIONAL PARENTAL INFORMATION (<u>OTHER THAN STUDENT'S PRIMARY RESIDENCE</u>):

Father's Name _____ Mother's Name_____
Address _____
Phone _____ Phone _____
Email_____ Email _____

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)

_____

_____

_____

_____

_____

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_____

_____

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) facilitating the completion of teacher assigned work on Remote Learning Days
    b) the regular tuition payments
    c) fulfillment of HCA campus/classroom service hours and
    d) 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_____