

For Office Use On	ly		
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 agill@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 \$300 non-refundable registration fee per student (family maximum of \$900) will be required to complete this application upon approved enrollment.

If you need more sp	pace please attach a	separate document with co	orresponding numb	oered answers.	
Name			Sex	Age	
Last	First	Middle			
Home Address					
City	,	State	Zip		
Date of Birth					
☐ Student is applying for 3's/4's Preschool 2025-26 school year.					
☐ Student is is applying for Pre-Kindergarten 2025-26 school year.					
Are you thinking of	of applying at any o	ther schools? No	Yes		

Parent	s' Marital Status: Married Single _	Divorced Widowed		
ather	's Name	Phone		
Email		Father's Occupation		
Mothe	r's Name	Phone		
Email_		Mother's Occupation		
1.	How did you hear about HOPE Christia	an Academy (HCA)?		
	<u> </u>	HCA family		
Ħ	<u>——</u>	,		
		f your children who are eligible to attend HCA?		
۷.		· ·		
3	If not, why not?			
From what you have heard, read, and observed about HCA, share why yo good fit for your child and your family.				
	, , , , , , , , , , , , , , , , , , , ,			
4.	What do you want us to know about your child? (academic and/or personal			
	strengths/challenges, interests, extracurricular activities, etc.)			
	3 3	, , ,		
5.	What is your availability during our sch	ool days (Tuesdays & Thursdays) to fulfill the		
	required service hours on-campus eac	h month?		
6.	Is this your child's first preschool expe	rience? Yes or No		
7.	•	ntal program(ex. Speech, Occupational therapy		
•	Yes or No If so, what type of program?			
7.	Do you have a church home? Yes			
	PRIMARY Language spoken in the ho			
	Is your child potty trained? 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)				
Father's Name Address	Mother's Name			
FAITH & TESTIMONY:				
Church Affiliation and Involvement				
	ut your personal relationship with Jesus Christ as the 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 (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:				
□ The teacher has discr	etion in the classroom discipline of my child.			
Biblical instruction	vith any policy or policy implementation. Furthermore, we accept the of: 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			
D)	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/			
□ My cooperation is exp				
b)	the regular tuition payments fulfillment of HCA campus/classroom service hours and upholding of the HCA Family Covenant			
	he right to dismiss my student if he/she does not respect its spiritual standards or ional program or if I (we) the parent(s) do not support school policies.			
	nds cannot be issued for student absences due to sickness, vacations, closures mstances beyond our control.			
□ I will provide updated	IMMUNIZATION records for my child by the start of school year.			
Parent Signature	Date			

Parent Signature _______Date_____