



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

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

*Please return your Request for Admission with your Tuition Agreement to the school office as PDF attachments by email to [hca@hope-eagles.com](mailto: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.

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**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 2025-26 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. If not, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has student ever repeated a grade? \_\_\_\_\_ If yes, state grade and reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has student ever been suspended or expelled from a school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Primary language spoken in the home? \_\_\_\_\_

\_\_\_\_\_

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

10. Who will be the consistent adult on the Remote Learning (RLD) days? \_\_\_\_\_  
Will this adult be present and available during the RLD days? \_\_\_\_\_  
\_\_\_\_\_

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

**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 \_\_\_\_\_ 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](http://www.hope-eagles.com)). In making this

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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 \_\_\_\_\_