

# Hamilton Heights Christian Academy



For School Year \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
**FIRST MIDDLE LAST**

Name Preferred: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ **City State Zip**

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Email Address(parent's) : \_\_\_\_\_

Email Address (student's): \_\_\_\_\_

**EXPECTED GRADE LEVEL AT ENTRY:** \_\_\_\_\_

## FATHER/STEPFATHER/GUARDIAN:

\_\_\_\_\_ **First Middle Initial Last**

Home Address: \_\_\_\_\_

\_\_\_\_\_ **City State Zip**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

## MOTHER/STEPMOTHER/GUARDIAN:

\_\_\_\_\_ **First Middle Initial Last**

Home Address: \_\_\_\_\_

\_\_\_\_\_ **City State Zip**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Biological Father:** \_\_\_ Married \_\_\_ Remarried \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

**Student's Biological Mother:** \_\_\_ Married \_\_\_ Remarried \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

**\*If biological parents are divorced / separated, who has legal custody of the student?**

## IN EMERGENCY SITUATIONS, PLEASE CALL:

\_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**List Chronologically all other schools attended, beginning with Kindergarten:**

<u>Years</u>	<u>Grade</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Last Attended: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Principal: \_\_\_\_\_

Scholastic Grades have been: \_\_\_\_\_ Superior; \_\_\_\_\_ Above Average;  
\_\_\_\_\_ Average; \_\_\_\_\_ Below Average

**STUDENT INFORMATION:**

Has the student ever failed or been retained? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain and list the grade(s): \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been suspended or expelled? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain and give the grade(s) and date(s): \_\_\_\_\_  
\_\_\_\_\_

Has the student been negatively involved with the civil authorities (police, etc.)?  
\_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How many days of school did the student miss last year? \_\_\_\_\_

Describe any physical, mental, or emotional disabilities (heart, hearing difficulty,  
speech impediment, nervous condition, ADHD, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer “yes” or “no” to the following questions concerning the student:**

- Ever been recommended for special education classes?
- Ever been diagnosed to have a learning disability by a Psychologist or Psychiatrist?  
(If “yes”, please include a copy of the last I.E.P.)
- Ever been diagnosed as having a behavioral disorder such as depression or anger?
- Ever been admitted to a mental health or counseling treatment center?
- Ever been admitted to a program for alcohol or drug treatment?
- Ever had any childhood illnesses that might impair his/her learning or academic ability?
- Ever been screened for Attention Deficit Hyperactivity Disorder or Dyslexia?
- Ever been given recommendations on a Psychological Assessment?

\*If “yes” to ANY of the above, please briefly explain and include any appropriate documentation:

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**REFERENCES:** Please list two personal references. (Example: teacher, pastor, coach, etc.)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Church Affiliation:**

Mother

Church Attending: \_\_\_\_\_

Minister’s Name: \_\_\_\_\_ Attendance: \_\_\_regular \_\_\_seldom

Father

Church Attending: \_\_\_\_\_

Minister’s Name: \_\_\_\_\_ Attendance: \_\_\_regular \_\_\_seldom

Student

Church Attending: \_\_\_\_\_

Minister’s Name: \_\_\_\_\_ Attendance: \_\_\_regular \_\_\_seldom

**HOW DID YOU HEAR ABOUT HAMILTON HEIGHTS CHRISTIAN ACADEMY?**

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**STATEMENT:** Please give a brief statement as to why you, as parent(s), desire to enter your student in Hamilton Heights Christian Academy. \_\_\_\_\_

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## APPLICATION AGREEMENT

In submitting this application:

1. I have, to the best of my knowledge and ability, answered all questions honestly and completely.
2. I understand that the grade placement of my child will be made upon the recommendation of the administration in consultation with the parents.
3. I have read and understand the fee schedule for this school year.
4. I understand that Hamilton Heights Christian Academy is an Evangelical Christian School which upholds traditional Christian values.
5. I have read and understand the uniform regulations for all students at HHCA.

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Father or Legal Guardian's Signature

Date

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Mother or Legal Guardian's Signature

Date

**HHCA seeks competent and qualified individuals who are led of the Lord to the ministry of Christian Education and the goals and purposes of HHCA and does not discriminate on the basis of biological sex, age, race, national / ethnic origin, or physical disability.**

**\*Application Fee: The required application fee must be submitted before an applicant will be considered. If the application is being submitted for a waiting list, the application fee must be paid at the time of acceptance into HHCA. This fee is non-refundable.**

[www.hamiltonheights.net](http://www.hamiltonheights.net)