

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:

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?

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

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.

Father or Legal Guardian's Signature

Date

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: An Application fee of \$200.00 must be accompanied with the completed application. If the application is being submitted for a waiting list, the \$150.00 application fee must be paid at the time of acceptance into HHCA. This fee is non-refundable.**

**Christianschoolhouse.com/hamilton
www.hamiltonheights.net**