

STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

| | | | |
|---|---|-----------|----------------|
| Last | First | Middle | Called By |
| Student SS# | Date of Birth | Age | Place of Birth |
| Gender | US Citizen (yes/no) Race Caucasian/Black/Hispanic/Asian/Filipino/Multi-racial/American Indian/Hawaiian/Other) | | |
| Grade Enrolling In | My Child Needs Aftercare (yes or no) | | |
| School Last Attended | City / State | () Phone | |
| Has student previously attended HCA? _____ If yes, which grade(s)? _____ | | | |
| Has student ever been retained? _____ If yes, which grade(s)? _____ | | | |
| Has your child ever been on probation, suspended, or expelled? _____ If yes, please explain _____ | | | |
| Has student ever been in Exceptional Student Exception? _____ If yes, please attach a copy of Individual Education Plan (IEP) and Psychological Report. | | | |
| Have you applied for Step Up for Students? _____ If yes, do you have an award letter? _____ | | | |

PARENT INFORMATION

FATHER

MOTHER

| | | | | | |
|--|------------|------------|---------------|------------|------------|
| Last | First | Middle | Last | First | Middle |
| Address | City/State | Zip | Address | City/State | Zip |
| Home Phone | Cell Phone | | Home Phone | Cell Phone | |
| Employer | Position | Work Phone | Employer | Position | Work Phone |
| Email Address | | | Email Address | | |
| Parents are: ___ Married ___ Together ___ Mother Deceased ___ Father Deceased ___ Separated ___ Divorced | | | | | |
| (If parents are divorced, copy of court issued custody agreement must be provided.) | | | | | |
| Student lives with: ___ Both Parents ___ Mother ___ Father ___ Other _____ (Relationship) | | | | | |

IMPORTANT: PLEASE BE SURE TO CONTACT THE FRONT OFFICE IF YOU HAVE CHANGE OF STATUS IN PARENT/GUARDIAN OR EMERGENCY CONTACT NUMBERS.

SIBLING INFORMATION

Please List Siblings:

| | | | | | |
|------|-------|-----|--------|-------|--------|
| Last | First | Age | Gender | Grade | School |
| Last | First | Age | Gender | Grade | School |
| Last | First | Age | Gender | Grade | School |

Hope Christian Academy of Starke, Florida admits students of any race, color, national and ethnic origin to the rights, privileges, programs and activities, generally accorded or made available to students of the academy. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its school-administered programs, inclusive of athletics and fine arts, nor any of its school administered policies which include admissions, financial aid and other policies.

STUDENT MEDICAL INFORMATION FORM

Does your child take any medication on a routine basis? ___Yes ___No ___During School Hours

Name of Medication _____ Purpose of Medication _____

My child has a medical condition that may affect his or her school day? ___No ___Yes (Complete Next Section)

My Child Has (Mark all that apply):

Asthma ___ Mild ___ Moderate ___ Severe ___ Exercise Induced ___

Rescue Inhaler at (check all that apply): ___Home ___In School Office ___On Student (requires a Physician Note)

Diabetes ___ Type I ___ Type II ___

Self-Managed ___ Requires Assistance ___ Insulin at Home ___ Insulin at School ___

Allergies ___ Mild ___ Moderate ___ Severe ___ Exercise Induced ___

Food: Type _____ Reaction _____

Insects: Type _____ Reaction _____

Medications: Type _____ Reaction _____

Plants: Type _____ Reaction _____

Other: Type _____ Reaction _____

Other Condition: _____

Students are not permitted to carry and/or administer medication. All medication must be administered through the school office.

In the event of an emergency and I cannot be reached, I grant a representative of Hope Christian Academy permission to act in my behalf in obtaining necessary medical treatment for my child.

Printed Name of Father/Guardian _____ Date _____ Printed Name of Mother/Guardian _____ Date _____

Signature of Father/Guardian _____ Date _____ Signature of Mother/Guardian _____ Date _____

QUICK REFERENCE AND EMERGENCY STUDENT INFORMATION

Student Last Name _____ First Name _____ MI _____ Gender _____ Age _____ Date of Birth _____ Grade _____

Mailing Address _____ City _____ State _____ Zip _____ Parent's Primary Email _____

PLEASE LIST THOSE THAT ARE ALLOWED TO PICK UP YOUR CHILD IN AN EMERGENCY OR IN CASE OF ILLNESS.

LIST NAMES IN ORDER OF CONTACT PREFERENCE (i.e., 1. Mom, 2. Dad, 3. Grandma Pat, etc.)

IMPORTANT: PLEASE BE SURE TO CONTACT THE FRONT OFFICE IF YOU HAVE CHANGE OF STATUS IN PARENT/GUARDIAN OR EMERGENCY CONTACT NUMBERS.

| 1 | Name | Home Phone | Work Phone | Cell Phone | Relationship |
|---|------|------------|------------|------------|--------------|
| 2 | Name | Home Phone | Work Phone | Cell Phone | Relationship |
| 3 | Name | Home Phone | Work Phone | Cell Phone | Relationship |
| 4 | Name | Home Phone | Work Phone | Cell Phone | Relationship |
| 5 | Name | Home Phone | Work Phone | Cell Phone | Relationship |
| 6 | Name | Home Phone | Work Phone | Cell Phone | Relationship |

ANNUAL PLEDGE OF COOPERATION AND WAIVER OF LIABILITY

This serves as a protective legal hedge for the benefit of our families and the school.

1. I understand that it is a privilege, and not a right, for my child(ren) to attend Hope Christian Academy (HCA). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extra-curricular, or whose attitudes and actions are not in harmony with the aims and ideals of HCA. I give HCA’s administration full discretion in the discipline of my child, including the issuing of demerits, referrals, detention, suspension (in-school or out), and expulsion from the school for conduct deemed by HCA to be improper, regardless of where the incident(s) giving rise to such discipline occurs.
2. I understand that HCA, in the interest of nurturing its school atmosphere and spiritual goals, has a “Zero Tolerance” policy regarding possession and/or use of drugs and alcohol on or off campus. If in the judgment of HCA’s administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by HCA to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to HCA, I shall withdraw my child(ren) from HCA and thereby waive all rights to any recourse.
3. I understand and agree to the need for, not random, but reasonably determined investigations of student activities which may involve and include searching my child’s or children’s belongings (i.e., book or carrying bag, lunch box, purse, gym bag, etc.) and locker. In the case of secondary students, I also give permission for any motor vehicle in my student’s possession to be searched for stolen or other improper items. I ask that HCA’s administration make a reasonable attempt to contact me prior to such a search in order to allow me to be present. If I am not available by telephone after reasonable efforts to contact me have been made by HCA, I permit HCA’s administration to search the vehicle.
4. I understand that my child’s or children’s continued enrollment at HCA is conditional upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from HCA for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for any tuition and fees not yet having been paid.
5. I give my permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school, bus trips, sports activities that are off-campus, and HCA sponsored off-campus trips. I indemnify and save Hope Baptist Church and Hope Christian Academy, its employees, and agents harmless from and against any claims, demands, and causes of action, liability, medical payments, costs, and attorneys’ fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that Hope Christian Academy and Hope Baptist Church do not provide medical insurance coverage for my child and that I will be solely responsible for any medical expenses or other liabilities incurred.

I agree that my child’s or children’s enrollment at HCA is subject to all terms and conditions listed above.

PLEASE SIGN AND RETURN THIS PAGE. REGISTRATION CANNOT BE COMPLETED WITHOUT THIS FORM.

Student Name: _____ Grade: _____ Date: _____
 Printed Name Student Signature for grades 2nd – 12th

Father Signature: _____ Date: _____
 Printed Name Parent Signature

Mother Signature: _____ Date: _____
 Printed Name Parent Signature

PUBLICATION AGREEMENT AND RELEASE FORM

I hereby grant Hope Christian Academy the following rights:

1. The right to use my child’s name, photograph, picture, portrait and likeness (hereinafter collectively known as “image”) in connection with its educational and promotional materials or for any other similar legitimate purpose;
2. The right to create composite or computer-manipulated materials from my child’s image;
3. The right to use, reproduce, publish, exhibit, distribute and transmit the image individually or in conjunction with other images or printed matter in any and all media including, but not limited to, print material, yearbooks, television, film, internet and CD-ROM.

I hereby waive the right to inspect or approve my child’s image. I understand and agree that my child’s image will become part of Hope Christian Academy’s photograph file. I also understand that neither my child nor I will receive compensation in connection with the use of my child’s image.

I hereby release and forever discharge Hope Christian Academy and all its affiliates from any claims of libel and invasion of privacy.

Student Name _____ Date _____

I **AGREE** with the above.

I **DO NOT AGREE** with the above.
(My child’s image will not be used in the school yearbook)

Printed Name of Father/Guardian

Date

Printed Name of Father/Guardian

Printed Name of Mother/Guardian

Date

Printed Name of Mother/Guardian