

APPLICATION FOR ADMISSION

HEBRON CHRISTIAN ACADEMY

P.O. Box 1028 Dacula, GA 30019
(770) 963-9250 ♦ Fax (770) 277-3581

www.hebronlions.org

FOR OFFICE USE ONLY
CHECK# _____
DATE _____
AMOUNT \$ _____

A non-refundable \$150.00 application/testing/interview fee is charged for each student being considered for enrollment. This application cannot be processed without the fee. Please refer to the Financial Policy for payment of the non-refundable enrollment deposit and tuition.

Are you a US Citizen? Yes No

STUDENT INFORMATION

STUDENT'S FULL NAME _____ Preferred Name _____

First Middle Last

Sex: M F Birthdate ____/____/____ Current Age _____ SS # _____ Birthplace _____
City State

Grade applying for _____ Home Phone (____) _____ Ethnicity: _____
(African-American, Asian, Caucasian, Hispanic, Native American, Other)

Address _____
Street or Rural Route City State/Zip County

Student resides with: Both Parents Mother Father Guardian Other _____
(If there is a separation or divorce in the family or if the student resides with a legal guardian, custody documents must be submitted.)

School last attended _____ Grade _____

Mailing address _____ Phone _____

PARENT INFORMATION

Father _____
Name Employment (Company/Occupation)
(____) (____)
Work Phone # Cellular #
Home Address/Phone # (if different than student) Email address

Mother _____
Name Employment (Company/Occupation)
(____) (____)
Work Phone # Cellular #
Home Address/Phone # (if different than student) Email address

Church _____ (____)
Name City Church Phone #

Pastor Name _____ Does the family attend church regularly? Yes No

Other Children in the family applying to HCA:

NAME	GRADE APPLYING FOR

Other Children in the family NOT applying to HCA:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____

If anyone of these children are of school age, please explain why they are not applying to HCA: _____

GENERAL INFORMATION

1. Does the applicant have a current Georgia School Certificate of Immunization? Yes No
If "Yes", please attach to this application. A copy of this form, as required by law, must be submitted to HCA before the applicant can attend school. HCA also requires a copy of each child's birth certificate along with an Eye, Ear, and Dental (EED) form.
2. Has the applicant ever repeated a grade? Yes No If "Yes", explain. _____

3. Has the applicant or anyone in your family ever attended HCA? Yes No If "Yes", explain (include years of attendance):

4. Has the applicant ever had any discipline or emotional problems in school? Yes No If "Yes", explain. _____

5. Has the applicant ever received any special needs/intervention/resource services? Yes No If "Yes", explain. _____

6. Has the applicant ever had an IEP (Individualized Education Plan)? Yes No If "Yes", a copy of this file must be included with your application.

7. Is there any reason the applicant cannot go back to the school last attended? Yes No If "Yes", explain. _____

8. Describe any medical conditions and list all medications the applicant is currently taking. _____

9. Describe any habits that the applicant needs help in overcoming. _____

10. Who recommended the school to you? _____
11. Why do you want your child to attend HCA? (To be completed by a parent for any student applying to HCA.) Attach sheet, if necessary.

12. Why does the applicant want to attend HCA? (To be completed only by students applying for grades 7-12.) Attach sheet, if necessary.

13. List two individuals (non-relative) that may be contacted for references:
Name _____ Phone (_____) _____
Name _____ Phone (_____) _____

PARENT SIGNATURE

The information provided by me in this application is the best of my knowledge complete, accurate, and true. I have read and agree to abide by the financial policy of the school. I understand that the non-refundable enrollment deposit is due upon acceptance.

Parent/Legal Guardian's Signature

Relationship to Applicant

Date