

# HAYWOOD CHRISTIAN ACADEMY

P.O. Box 609 ▪ Lake Junaluska, NC 28745 ▪ (828) 627-0229 ▪ www.haywoodchristianacademy.org

## STUDENT APPLICATION

### GENERAL INFORMATION

**Payment Plan:** Full Payment \_\_\_\_\_ 12 Month \_\_\_\_\_  
**Application Type:** Sibling \_\_\_\_\_ New Student \_\_\_\_\_ Staff \_\_\_\_\_  
**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_



(\_\_\_\_\_) **I DO NOT** give permission for information to be printed in a school directory.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

School(s) Last Attended: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact is: (\_\_\_\_) Relative \_\_\_\_\_ (\_\_\_\_) Friend (\_\_\_\_) Guardian (\_\_\_\_) Other \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

### PARENT/GUARDIAN AND FAMILY INFORMATION

(\_\_\_\_)Married (\_\_\_\_)Widow (\_\_\_\_)Separated (\_\_\_\_)Divorced (\_\_\_\_)Remarried

**Father's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Lives w/student (Y/N) \_\_\_\_\_

**Receives Bill (Y/N)** \_\_\_\_\_ **Receives Mail (Y/N)** \_\_\_\_\_

If parents are separated or divorced, who has legal custody? \_\_\_\_\_

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to Admissions at the time of application.

#### Paternal Grandparents

Grandparent(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

#### Maternal Grandparents

Grandparent(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

List all school-aged children (including preschoolers) in your family:

1. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

What church do you attend? \_\_\_\_\_ Are you a member? \_\_\_\_\_

How often does each member attend? *Regularly (3-4 times per month)* *Occasionally (1-2 per month)* *Rarely (4 times per year)*

**Father:**  Regularly  Occasionally  Rarely **Mother:**  Regularly  Occasionally  Rarely **Student:**  Regularly  Occasionally  Rarely

Please provide the name and address of another family you would recommend to HCA. \_\_\_\_\_

## STATEMENT OF BELIEFS

Haywood Christian Academy is an inter-denominational Christian school. We believe that the Bible is the inspired word of God and that it is our guide for all facets of life. We also believe that salvation and a relationship with God comes only through an individual's faith in Jesus Christ.

Do you understand and agree with the above Statement of Beliefs of Haywood Christian Academy? YES \_\_\_\_ NO \_\_\_\_

## PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about HCA? \_\_\_\_\_
2. Considering the goals for your student, why would you like your student to attend HCA? \_\_\_\_\_  
\_\_\_\_\_
3. Has your student ever been referred to a resource teacher? If yes, please provide date and reasons for referral.  
\_\_\_\_\_
4. Has your student ever had modifications made in the classroom? \_\_\_\_\_
5. Has your student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, or emotional disorder? \_\_\_\_\_ *If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.* \_\_\_\_\_  
\_\_\_\_\_
6. Is your student presently taking any medication for medical or learning problems? \_\_\_\_\_ *If yes, please provide kind of medication, dosage and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.* \_\_\_\_\_  
\_\_\_\_\_
7. Does your student have any health problems? \_\_\_\_\_
8. Does your student have corrected vision? \_\_\_\_\_ Does your student have normal hearing? \_\_\_\_\_
9. Has your student ever been recommended for tutoring or remedial instruction? \_\_\_\_\_ *If yes, please provide dates and areas of remediation along with written evaluations.* \_\_\_\_\_
10. Has your student ever repeated a grade? \_\_\_\_\_ Which grade? \_\_\_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_
11. Has your student ever been suspended or dismissed from school? \_\_\_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_
12. Has your student had disciplinary difficulty in his/her previous school? \_\_\_\_\_
13. Is your student a ward of the court? \_\_\_\_\_ Has your student been under the jurisdiction of the court? \_\_\_\_\_
14. Has your student committed a felony? \_\_\_\_\_
15. Is there any additional information that Haywood Christian Academy should be aware of when considering your student for enrollment? \_\_\_\_\_  
\_\_\_\_\_
16. What activities or responsibilities are you and your student involved in at your church? \_\_\_\_\_  
\_\_\_\_\_
17. Please describe prayer time and Bible study in your home. \_\_\_\_\_  
\_\_\_\_\_
18. Please give a brief statement summarizing your beliefs as they relate to:  
Jesus Christ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The Bible \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We certify that the above answers are true and are made with no reservations:**

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_