



# HILLSBORO CHRISTIAN ACADEMY

849 S High St

Hillsboro, OH 45133

Phone #: 937-393-8422 / Fax: 937-393-4963

www.hillsborochristianacademy.org / email:hca.office@hcaoh.org

## Enrollment Application

### Student Information

Last Name	First Name	Middle Name	Grade Entering
Date of Birth	Age	Gender	School District

<p><u>Check One:</u></p> <p><b>Student lives with:</b></p> <p><input type="checkbox"/> Both natural parents</p> <p><input type="checkbox"/> Mother &amp; step-father</p> <p><input type="checkbox"/> Father &amp; step-mother</p> <p><input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Mother only</p> <p><input type="checkbox"/> Grandparent(s) _____</p> <p><input type="checkbox"/> Foster parents</p> <p>If custody is defined by the court in any way, proof must be provided.</p>	<p><u>Check One:</u></p> <p><b>Race / Ethnicity</b></p> <p><input type="checkbox"/> White / Caucasian</p> <p><input type="checkbox"/> Black / African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p><b>Previous School:</b> _____</p> <p><b>Previous School District:</b> _____</p>	<p>Does this child receive any special services? _____</p> <p><u>Current Special Services:</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> IEP (Service Plan)</p> <p><input type="checkbox"/> 504</p> <p><input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Gifted</p> <p><input type="checkbox"/> Other</p>
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	Natural / Foster Father	Natural / Foster Mother	Guardian
Name			
Address			
City,State,Zip			
Home Phone			
Cell Phone			
Place of Employment			
Work Phone			
Email Addresses:			

*I hereby affirm that I have legal rights to enroll this student and the student is eligible for enrollment in Hillsboro Christian Academy free of existing suspension or expulsion at a previous school.*

Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Information**Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List any medical allergies or conditions, including current medications being taken:

Glasses: \_\_\_\_\_

Contacts: \_\_\_\_\_

Medical Doctor or Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Treatment and Transportation: (Only complete Part I or Part II, NOT Both)****Part I / To Grant Consent**

*In the event reasonable attempts to contact me have been unsuccessful, I hereby GIVE CONSENT for the administration of any treatment deemed necessary by the listed providers and the local hospital. In the event the named medical personnel are not available, I authorize that it is allowable to seek other available and reasonable treatment.*

*This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted are listed above.*

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**(Do not complete Part II if you have signed Part I)****Part II / Refusal To Grant Consent**

*I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school administration to take the following actions:*

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Custody / Pick-Up / Visitation Alerts**List any custody, pick-up concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Personal Information**

	Father	Mother	Guardian
Full Name			
Home Phone			
Cell Phone			
Work Phone			

**Additional Emergency Contact / Pick-Up Information (Other than those listed on the front)**

	Additional Emergency Contact	Additional Emergency Contact	Additional Emergency Contact
Full Name			
Relationship to Student			
Home Phone			
Cell Phone			
Work Phone			
Home Address			

**Transportation** – We are required to report your local public school information to the Ohio Department of Education. We also provide this information to the school districts that provide bus services to our school. This information is used to make important transportation decisions by our local school districts.

Will your child need to ride a public school bus? \_\_\_\_\_

**Photo Consent**

- ☐ Yes, you have my permission to use my child's name/likeness on any or all brochures, videos, website, newspaper articles, or advertising materials for HCA promotional purposes.
- ☐ No, do not use my child's name or likeness on any materials.

\_\_\_\_\_ Signature of Parent/Step-parent / Guardian

**Communication**

What is your preferred method of communication?

☐ Phone call or text? (Mother \_\_\_\_\_, Father \_\_\_\_\_, Other \_\_\_\_\_)

☐ Email address \_\_\_\_\_

List all of the phone numbers which you would like to have included in our OneCall communication system (be sure to include a cell phone number if you want to receive texts)

We desire to enroll our child at Hillsboro Christian Academy because:

Are there any unusual factors in your child's life? (Absence of father or mother, invalidism of either, in-laws or grandparents in home, unusual accidents or serious illnesses, adoption, etc.) Please comment.

If your child has an IEP or a 504 Plan, what sort of academic difficulties have been assessed? \_\_\_\_\_

If the IEP or 504 Plan is for other than academic difficulties, what are the identified problems? \_\_\_\_\_

**For Jr High and High School applicants only:**

Has your child ever been in trouble with the law? Yes ☐ No ☐ (If yes, please provide details.)

Does your child use (or has used in the past) tobacco, drugs, or alcohol (include vaping)? Yes ☐ No ☐

Details; \_\_\_\_\_

## STATEMENT OF COOPERATION

- (1) We agree to pay the tuition according to arrangements that shall be made and to conclude all required payments on or before the last day of school. We understand that in the event of financial hardship, we should contact school officials and arrange a means of settlement. We understand that final report cards or transfer of records cannot be completed without financial clearance.
- (2) We hereby invest authority in the school to discipline our child as necessary. This may include the right to dismiss our child if he or she does not respect the standard of conduct and the education process adopted by the school.
- (3) We understand that if we are not in agreement with any standards or policies set by the school, these matters will be discussed only with school officials.
- (4) We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
- (5) We give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premises within the city limits and within five miles of the city limits of Hillsboro, Ohio. Permission slips will be sent home for activities more than five miles away. We agree to relieve the school and any of its employees from any liability in connection with any of these activities.

### IN ENROLLING IN HILLSBORO CHRISTIAN ACADEMY, WE COMMIT TO THE FOLLOWING:

#### **PARENTS:**

A *covenant* is a binding agreement between two parties. It signifies a solemn oath and a sincere pledge of mutual respect and cooperation.

Hillsboro Christian Academy pledges to provide the best it can for children in the way of curriculum, facilities, faculty, extra-curricular activities, character development, and spiritual instruction. HCA also promises to do everything possible to keep to the vision and purpose that God has given to the school board and administration.

As parents, we agree that is our responsibility to strive honor this contract in our support for HCA and its efforts to strive for excellence in promoting academic and spiritual growth. If for some reason we become dissatisfied, we promise to handle the matter as privately and lovingly as possible.

Together, as a school and as parents, we pledge to submit our lives to one another in love and to submit to God and His Word as our final authority.

I acknowledge my commitment to:

- Read the Parent/Student Handbook and follow and support the guidelines therein.
- Pray regularly for HCA, the faculty, students, and the school board.
- Support and pray for the Administration.
- Exemplify Christian principles
- Support the Dress Code, the Moral / Immorality Statements in the Handbook and Student Contract, and the Attendance/Tardy policies.
- Volunteer helping in fundraising activities and other areas where help is needed (recommended: a minimum of twenty (20) hours per school year).
- Give beyond our tuition as God leads and enables.
- Attend all parent meetings and lend our support to the program.
- Be sensitive to the doctrinal diversity represented at Hillsboro Christian Academy.
- Seek to resolve any conflict with privacy and love according to Matthew 18:15-24 with the appropriate school official. We will not spread criticism and negativism.
- Abide by the financial policy of the school regarding tuition and fees payment.

If both parents are a viable part of the child's life, both parents must sign below.

\_\_\_\_\_  
Signature of Commitment (Father)

\_\_\_\_\_  
Signature of Commitment (Mother)

Date \_\_\_\_\_

## Permission to Spank

Maintaining good student behavior is absolutely necessary for quality education. The section on discipline in our Policies and Procedures Manual and the Parent/Student Handbook describes the school's philosophy on behavior and discipline. We make every effort to insure that any punishment fits the behavior problem.

Although it happens infrequently, we know that there will be occasions when the proper and necessary form of punishment will need to be a spanking. We also believe in God's wisdom on the subject of spanking. The Bible tells us:

Proverbs 23:13      Do not withhold discipline from a child.  
If you punish him by spanking, he will not die.

Proverbs 29:15      Spanking and scolding a child helps him to learn; but a child  
left to himself disgraces his mother.

We therefore ask that you sign and date the following statement of permission and support. The spanking will be administered by the school principal in the presence of a witness or the parent. The school paddle will be used. The parent will always be notified prior to any type of corporal punishment.

\_\_\_\_\_  
\*\*\*I have read and understand the policies on discipline.

\_\_\_\_\_ I give my permission for my children to be spanked. I understand that the school will notify me before the spanking is given. A conference to follow up on the child's behavior may be necessary. I agree to make an appointment for a conference should one be deemed necessary by school staff.

\_\_\_\_\_ I do not give permission for my children to be spanked.

Child #1 \_\_\_\_\_ Child #2 \_\_\_\_\_

Child #3 \_\_\_\_\_ Child #4 \_\_\_\_\_

Child #5 \_\_\_\_\_ Child #6 \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\*\*\*\*Once signed this form is good for the duration of your children's enrollment at HCA



## HILLSBORO CHRISTIAN ACADEMY

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Hillsboro, OH 45133

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### Pastoral Reference

Parents, complete and forward to one of your pastors or evangelists			
Family Last Name		Phone Number	
Address	City	State	Zip Code
Children Applying to HCA			
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

Name of church \_\_\_\_\_ Senior Pastor \_\_\_\_\_

How long have you and your family attended this church? \_\_\_\_\_

What services do you and your family regularly attend?

\_\_\_\_ Sunday School    \_\_\_\_ Sunday A.M. Service    \_\_\_\_ Sunday P.M. Service    \_\_\_\_ Mid-Week Service

### Pastor / Evangelist's Questionnaire

The above family has applied to Hillsboro Christian Academy. Prior to their acceptance, we would appreciate your assistance in helping us to evaluate the spiritual commitment of this family and to determine whether Hillsboro Christian Academy's program is appropriate for their needs. Please feel free to make a copy of this questionnaire prior to its return to us and discuss its contents with the family, if you so desire.

1. Do you personally know the family?    Yes \_\_\_\_\_    No \_\_\_\_\_

2. Which members of the family are Christians?

Father - Yes \_\_\_\_\_ No \_\_\_\_\_ / Mother - Yes \_\_\_\_\_ No \_\_\_\_\_

Children

\_\_\_\_ Name \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ Name \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ Name \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are members of the family active in the work in the church? If yes, please explain.

4. Are the children actively involved in a youth program in the church? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Do you believe that this family has sought out Hillsboro Christian Academy as a result of their commitment to a Christ-centered education? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Based on your personal knowledge of the family and your understanding of the HCA Mission Statement, below, would you recommend this family to us?

Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_

### MISSION STATEMENT

Hillsboro Christian Academy partners with Christian families to direct student learning in a Christ-centered, Bible-based, academic environment, to inspire students to adopt a God-centered world view, to conform to Christ-like principles, and to desire to impact the world around them for Jesus Christ

Signature of Pastor / Evangelist \_\_\_\_\_

Date \_\_\_\_\_

*Do your best to present yourself to God as one approved, a workman who does not need to be ashamed to be ashamed and who correctly handles the word of truth. -- II Timothy 2:15*



## Student Transfer and Record Release Permission

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

School Leaving \_\_\_\_\_ Phone \_\_\_\_\_ Fax No \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Please send a copy of the following:

\_\_\_\_\_ All cumulative records / standardized test results (standard and confidential).

\_\_\_\_\_ All health and immunization records.

\_\_\_\_\_ Ohio proficiency test results.

\_\_\_\_\_ IEP or Service Contracts

\_\_\_\_\_ Other: \_\_\_\_\_

### Please Mail or Fax to:

**Hillsboro Christian Academy  
849 S High St  
Hillsboro, OH 45133  
Fax: 937-393-4963**

**I consent to the release of the records indicated above to Hillsboro Christian Academy.**

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Records released to the person or agency listed above are not to be released to another person or agency without the consent of the parent, legal guardian, or adult student. If copies of records are released to parents, or legal guardians, the school district is relieved of responsibility for confidentiality of those records.