



STUDENT APPLICATION FOR ADMISSION

Applying for Grade: _____ Student's T-shirt size: Adult or Youth _____

Student's Name _____ Birth Date _____ Age _____
Last First Middle (MM/DD/YY)

Address _____ City _____ State _____ Zip _____

County of Residence _____ Public school district would attend _____

Do you want daily bus service? Yes No

Hillsboro Lynchburg Greenfield Bright Local

Home Phone (_____) _____ Student Cell # (_____) _____

SS#: _____ Resides with: _____

Gender: Male Female Name student prefers to go by _____

Mother Step-Mother Guardian Current court documents required

NAME _____

Email: _____

Address if different _____ City _____ State _____ Zip _____

Telephone: CELL _____ Home _____ Work _____

Employer: _____ Occupation: _____

Father Step-Father Guardian Current court documents required

NAME _____

Email: _____

Address if different _____ City _____ State _____ Zip _____

Telephone: CELL _____ Home _____ Work _____

Employer: _____ Occupation: _____

STUDENT HANDBOOK ACKNOWLEDGMENT

I agree to support the dress code, policies and procedures as stated in the HCA *Student/Parent Handbook*.

Parent/Guardian Signature _____ Date: _____

SCHOOL PHOTO PERMISSION

YES I give permission to Hillsboro Christian Academy to place school photos of my child/children on advertisement brochures and video clips, newspaper articles, the school's internet website and/or blog page, etc.

NO I do not give permission to use my child's photo.

Parent/Guardian Signature _____ Date: _____

STUDENT TECHNOLOGY USE AGREEMENT

I have read the HCA *Student/Parent Handbook* computer/technology policies and the HCA technology policies and understand computer/technology use at HCA. I understand if a student breaks any of the rules of this agreement, student consequences will be given.

I give permission for my child to use technology and web tools to enhance the learning experience.

Parent/Guardian Signature _____ Date: _____

MEDICAL DISCLOSURE

It is the parent's responsibility to disclose any physical condition or medical condition that requires a prescription or a certificate for drug use that may impair the student's judgement in an emergency situation or jeopardize a staff or another student's well-being. If a medical condition exists that could jeopardize the student, staff, or another student's well-being, a medical physician's waiver that validated a student's ability to perform academic tasks and emergency operations must be in student's file upon enrollment

Does the applicant have any personal medical issues that could impair or diminish his/her ability to respond to an emergency situation or would jeopardize another person's well-being or applicant's ability to respond to an emergency?.

NO

YES If yes, please attach a statement or explanation.

Parent/Guardian Signature _____ Date: _____

90-DAY ACADEMIC AND BEHAVIOR PROBATION AGREEMENT

I have read and agree with the policies and procedures for the "90-Day Academic and Behavior Probation Period" as outlined in the *HCA Student/Parent Handbook*.

Parent/Guardian signature

Date

COMMUNICATION - One Call

The family e-mail address will be added to the school list. You will also receive e-mails, One Calls, and texts keeping you informed concerning activities, school weather messages, etc. Your home phone number and cell phone numbers will automatically be added to our phone lists.

PREVIOUS ENROLLMENT INFORMATION (New Students Only)

Please list any school's previously attended, most recent first,

School	Address/Zip	Dates Enrolled	Grade student was enrolled in:
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_____	_____	_____	_____
_____	_____	_____	_____

3. Grades at previous school have been: Primarily A's and B's Primarily C's Primarily below C's

4. Has the student ever been: Suspended? Expelled? Asked to withdraw?

If you checked any of these answers, please give full details on a separate sheet of paper, including the principal's name.

If "Yes" is answered to any of the following questions, please attach a separate sheet giving a full explanation. Enclose any necessary documentation.

5. To your knowledge, has your child use any type of drugs, alcohol, tobacco, or has he/she ever been in any type of trouble with the civil authorities? Yes No

6. Has the student ever repeated a grade? Yes No Grade(s) repeated _____

7. Does the applicant have any personal medical issues that could impair or diminish his/her ability to respond to an emergency situation or would jeopardize another person's well-being or applicant's ability to respond to an emergency? Yes No

8. Has the student been positively tested for a learning disability? Yes No

9. Has the student ever been issued an IEP? Yes No

10. Has the student ever advanced a grade? Yes No

11. Physical Education is a required class. Is there any medical reason your student can't participate in the P.E. Program? Yes No

GENERAL INFORMATION

If you have any further information which may assist in the guidance of your child at HCA such as pertinent medical or other data the school should be aware of, please indicate below.

If you attend church, which church or parish is your family a member? _____

Church Telephone _____ Pastor's name _____

I/We understand this application is only considered with the enrollment fee included and the fee is non-refundable .

Hillsboro Christian academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

- I authorize Hillsboro Christian Academy to deposit the EdChoice scholarship check from the Ohio Department of Education towards my child's tuition.

Signature

HCA Student Care Form

Student First Name	Student Last Name	Grade

Father/Guardian: _____ Cell # _____

Mother/Guardian: _____ Cell# _____

Please list the names of individuals you will allow to pick up your child(ren) from school.

1. _____
Name Phone # Relationship
2. _____
Name Phone # Relationship
3. _____
Name Phone # Relationship
4. _____
Name Phone # Relationship
5. _____
Name Phone # Relationship

Please notify the above individuals that a Photo ID is required when coming to pick up your child/children.

Signature of Parent/Guardian Printed Name Date

Hillsboro Christian Academy
Emergency Medical Authorization and Student Update

Last Name: _____ First Name: _____

Date of Birth _____ Primary Telephone# _____
Address _____
City/State/Zip _____ Male Female
County _____ Lives with _____

In case of emergency /illness contact (please indicate who to call first, second, and etc.):

Mother _____ Daytime Phone # _____ Cell Phone # _____
Father _____ Daytime Phone # _____ Cell Phone # _____
Legal Guardian(S) _____ Daytime Phone # _____ Cell Phone # _____

Please list additional contacts to call in case a parent or legal guardian cannot be reached:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Additional Information _____

Childcare provider:

Name _____ Relationship _____ Phone # _____
Address _____ City/State/Zip _____ Cell Phone # _____

Brothers or sisters at Hillsboro Christian Academy

Name _____
Name _____
Name _____

Part I OR II MUST BE COMPLETED to enable the parents and guardians to authorize emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

PART I - TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone # _____
Dentist _____ Phone # _____
Medical Specialist _____ Phone # _____
Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- (1) The administration of any treatment deemed necessary by above named doctor or dentist, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
- (2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions or two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Medical problems or special needs: Diabetes Asthma Seizures Physical limitation
 Emotional problems Medication/Food/Bee sting/Other Allergies Severe Allergic Reaction
 Other conditions Please describe any conditions marked above: _____

Current medications _____ Needed at school? Yes No

Signature of Parent/Guardian _____ Printed Name _____ Date _____

PART II - REFUSAL TO CONSENT

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or the following action.

Signature of Parent/Guardian _____ Printed Name _____ Date _____



HILLSBORO CHRISTIAN ACADEMY

CRUSADERS

New Students Only

Request for Release/Transfer of School, Health, Pertinent Student Records

Name of Student _____

Birth Date _____ Current Grade _____

From: _____

Please release or transfer the records of the above named student from:

Name of School: _____

Email address: _____

Fax Number: _____

Address: _____

City/State/Zip: _____

Please mail, fax or email to:

Hillsboro Christian Academy

849 S. High St.

Hillsboro, OH 45133

email: hca.office@hcaoh.org

Fax: 937-393-4963

Date: _____

Signature of Parent/Legal Guardian

Printed Parent/Legal Guardian Name

The parent/guardian may inspect the records transferred or received. Records transferred by authorization of this release will not be released to a third party other than Hillsboro Christian Academy without written release from the parent/guardian.