

Holden Christian Academy Application For Admission

A \$50.00 non-refundable fee per family must accompany application.



DATE OF APPLICATION: _____

STUDENT INFORMATION

Student's Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Gender: ___M ___F Date of Birth ___/___/___ Age on Sept. 1 _____

Family Email Address: _____

Month/Year to begin _____ Applying for Grade _____ if PK, indicate session ___AM ___PM ___ Full Day (4 yr olds only)

Currently in Grade _____ at _____

FAMILY INFORMATION

Father's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____ Employer & Address _____

Mother's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____ Employer & Address _____

Student's Legal Guardian(s) _____ Marital Status of Parents: _____

PLEASE LIST THOSE CURRENTLY LIVING IN THE HOME, AND OTHER SIBLINGS NOT AT HOME:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (OF SIBLINGS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pertinent family information that you feel would be helpful for us to know, including any restrictions on parental rights:

<i>For Office Use Only</i>		
Payment Record	Interviewers/Date/Time	Screeener/Date/Time

HEALTH INFORMATION

Does your child have any physical or medical problems (including allergies or asthma)? _____

Please explain. _____

Does your child have any emotional or behavioral difficulties? Please explain.

Please list all current medications - (Full health and immunization records will be required prior to enrollment).

Other Emergency Information that HCA staff must be aware of**EDUCATION INFORMATION**

Please list schools attended the last three years:

School	Location	Dates	Grades Completed
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What are your educational goals and hopes for your child attending Holden Christian Academy?

Is it your goal that your child graduate from HCA? _____ If no, please explain.

Why is your child withdrawing from his/her present school? _____

Has your child demonstrated any learning or schooling problems? Please explain. _____

Has your child had any discipline problems in school? Please explain. _____

Does your child currently have an Individual Education Plan (IEP)? _____ (if yes, please include with this application).

Does your child have ADD or ADHD? _____ If so, what modifications have been made at school/home to assist your child?

Has your child repeated or jumped a grade? _____ If so, when? _____

Has your child been in any gifted programs? Please describe. _____

What sports, hobbies, or extracurricular interests does your child enjoy? _____

Choose ten of the following words that best describe your child. (5 strengths; 5 weaknesses)

- | | | | |
|---------------------|-------------------|---------------------|-------------------|
| ___ Analytical | ___ Bubbly | ___ Quiet | ___ Impatient |
| ___ Insecure | ___ Outgoing | ___ Spectator | ___ Strong-willed |
| ___ Deep | ___ Inconsistent | ___ Dependable | ___ Organizer |
| ___ Moody | ___ Loud | ___ Easy-going | ___ Outspoken |
| ___ Introvert | ___ Animated | ___ Indecisive | ___ Adventurous |
| ___ Considerate | ___ Extrovert | ___ Reluctant | ___ Confident |
| ___ Sensitive | ___ Impulsive | ___ Shy | ___ Argumentative |
| ___ Artistic | ___ Talkative | ___ Peacemaker | ___ Leader |
| ___ Easily Offended | ___ Disorganized | ___ Witty-dry humor | ___ Aggressive |
| ___ Perfectionist | ___ Demonstrative | ___ Balanced | ___ Independent |

How does your child seem to feel about coming to **Holden Christian Academy**?

Do you as parents have any reservations or fears about sending your child to **Holden Christian Academy**?

___ yes ___ no Please explain. _____

Are both parents in agreement with the decision to enroll your child in **Holden Christian Academy**?

___ yes ___ no Please explain. _____

Does either parent/guardian have any special interests, training, or educational background they might be willing to share with our school family?

CHURCH INFORMATION

Church you currently attend _____ Phone: (_____) _____

Address _____ City/Zip: _____ Pastor: _____

ADDITIONAL INFORMATION

Who can we thank for referring you to us? _____

Do you consider yourself to be a Christian? _____ Please explain why or why not.

Do you agree with HCA's Statement of Faith? Yes _____ No _____

Do you agree with HCA's Philosophy? Yes _____ No _____

If you have any questions or concerns please list here: _____

Is there other information that you feel is important for us to know?

I (We) have read the materials describing the *Philosophy, Statement of Faith, and Goals* of **Holden Christian Academy**, and understand and accept that my (our) child upon entry will participate in the curriculum and school activities as they have been explained.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

To the best of my (our) knowledge, the information I (we) have provided in this application is true.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

NON-DISCRIMINATORY POLICY AS TO STUDENTS

Holden Christian Academy does not discriminate on the basis of race, color, sex, national or ethnic origin, or disabilities, in administration of its educational and admissions policies and other school administrated programs.

Holden Christian Academy

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