



Harrells Christian Academy Application for Admission

OFFICE USE ONLY	
Date Received	_____
Application Fee	_____
Admission Test	_____
Student ID #	_____
Parent ID #	_____

Applying for grade: _____ School Year: _____

Applicant's Name: _____
(First) (Middle) (Last) (Preferred)

Street Address City State Zip Code Telephone

Mailing Address (if different from street address) City State Zip Code Telephone

Date of Birth: _____ Age: _____ Male: _____ Female: _____ Applicant's SSN: _____

Applicant Resides with: Both parents ___ Mother ___ Father ___ Other (name & relationship) _____

Check any that apply: Father is deceased Parent is alumnus/a of HCA (year graduated or attended) _____
 Mother is deceased Brother/sister currently attends HCA
 Parents are separated Previously attended HCA - year _____
 Parents are divorced

Father's Full Name: _____
(First) (Middle) (Last) (Preferred) HCA Alumni Yr.

Address: _____
if different from Applicant's: Street Address City State Zip Code Telephone

Cell Phone: _____ e-mail: _____

Employer & Position: _____

Business Address: _____
Street Address City State Zip Code Telephone

Mother's Full Name: _____
(First) (Middle) (Last) (Preferred) HCA Alumni Yr.

Address: _____
if different from Applicant's: Street Address City State Zip Code Telephone

Cell Phone: _____ e-mail: _____

Employer & Position: _____

Business Address: _____
Street Address City State Zip Code Telephone

*Relatives who have attended Harrells Christian Academy or are currently enrolled: _____

Brothers and/or sisters of the applicant:
Name: _____ Age: _____ Grade: _____ School: _____

Are you requesting financial aid? Yes _____ No _____ (Harrells Christian Academy makes use of the FACTS Grant & Aid Assessment Service to help us evaluate requests for financial aid. If you would like to complete an application online, you may go to <https://www.factstuitionaid.com/facts/gaindex>)

*Does the applicant require an special accommodations during the admissions testing session? Yes _____ No _____

If yes, please explain: _____

Last school attended: _____ Grades Attended: _____ Telephone: _____

Address of school system: _____
Street/P.O. Box City State Zip Code Principal/Headmaster

I hereby grant permission for a representative of Harrells Christian Academy to examine the school record of my child and to discuss the child's record with officials of the school. _____

Parent/Guardian Signature

Religious Preference: _____

Applicant's hobbies and special interests: _____

Scholastic, athletic or community honors: _____

How did you learn about Harrells Christian Academy? _____

1. Has student been suspended or dismissed for academic, disciplinary, or other reason? Yes _____ No _____ If so, why?

2. Has your child repeated a grade? Yes _____ No _____ If yes, which grade(s)? _____

3. Has your child ever been denied admittance to a school? Yes _____ No _____ If so, explain reasons: _____

4. Has the applicant ever been referred by parent or school for academic or emotional evaluation or professional testing?

Yes _____ No _____ If yes, please explain: _____

5. Has your child ever had an illness that caused considerable absence from school? Yes _____ No _____ If yes, please

explain: _____

I have answered all questions truthfully and to the best of my ability. I understand that Harrells Christian Academy does not discriminate on the basis of sex, race, color, national and ethnic origin in the administration of its education policies, admission policies, financial aid, athletic or other school-administered programs.

Parent or Guardian Signature

Date

Please enclose \$35 non-refundable application fee to cover testing and administrative costs and return to:

Harrells Christian Academy
Office of Admissions
P.O. Box 88
Harrells, NC 28444

Telephone: (910) 532-4575

Facsimile: (910) 532-2958

e-mail hca2@intrstar.net

NONDISCRIMINATORY POLICY: Harrells Christian Academy admits students of any race, color, and national or ethnic origin.