



**Hillsdale Christian Academy & Preschool**

6201 Ehrlich Rd; Tampa, FL 33625  
 Phone (813) 884-8250 \* Fax (813) 886-5251  
 Email: info@hillsdaleacademy.org  
 Web: www.HillsdaleChristianAcademy.org

**Academy Admission Application**

School Term 20 ____ -20 ____	Application for Grade _____		
<b>Student Information</b>			
Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> <span>Nickname</span> </small>			
Birth date: _____	Birth City and State: _____		
Sex: _____	Age: _____	Social Security Number: _____	
School attended last year: _____			
Complete address of school: _____			
Has applicant attended HPA previously: _____	If so, list grades previously attended: _____		
Applicant's church _____ <input type="checkbox"/> Church Member <input type="checkbox"/> Regularly Attend		Pay plan (Only one pay plan per family may be chosen) Circle One:   1 Payment   2 Payments   10 Payments	
<b>Parent or Guardian Information</b>			
<b>Father</b>		<b>Mother</b>	
Full Name _____		Full Name _____	
Home Address _____		Home Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Home Phone _____		Home Phone _____	
Cell Phone _____		Cell Phone _____	
Occupation _____		Occupation _____	
Place of Employment _____		Place of Employment _____	
Work Phone _____		Work Phone _____	
Church _____		Church _____	
Pastor _____		Pastor _____	
Member? _____ Attend Regularly? _____		Member? _____ Attend Regularly? _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Family E-mail address: _____			
Who has legal custody of the child for whom application is made? _____			
A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updates to legal documents.			
<b>Earlycare</b>	Will your child need earlycare? _____ If yes, how often? _____		
<b>Aftercare</b>	Will your child need aftercare? _____ If yes, how often? _____		
How did you learn about Hillsdale Preschool & Academy? _____			

## All Students

Has applicant ever changed schools? \_\_\_\_\_ If so, at what grade levels? \_\_\_\_\_

List names and ages of brothers and sisters living at home. \_\_\_\_\_

Are you applying for the admission of all your children currently of school age? \_\_\_\_\_ If not, please explain.

Give the reason(s) you desire for this student to be in Hillsdale Academy. \_\_\_\_\_

Has your child ever been or is he currently being seen by a doctor or specialist for needs related to his emotional or mental well being? \_\_\_\_\_ If yes, please give details. \_\_\_\_\_

Has your child ever received any tutoring or therapy? \_\_\_\_\_ Explain: \_\_\_\_\_

Has your child been issued an IEP (Individual Education Plan)? \_\_\_\_\_ If yes, please **submit a copy** and explain.

Has your child ever repeated a grade? \_\_\_\_\_ If yes, which grade(s)? \_\_\_\_\_

List any unusual factors in applicant's life (i.e., absence of parent, invalidism of parent, unusual accidents). \_\_\_\_\_

## Acceptance Policy

HPA reserves the right to accept or deny admission based on the information provided in the completed application packet. Notification of acceptance will be made within 10 working days after application process is complete. All additional paper work and forms must be completed and received before the student will be admitted to class.

## Enrollment Agreement

In making this application, I understand and agree with the following:

1. I intend for my child to complete the school year at Hillsdale Preschool.
2. My child will attend scheduled events and other related school activities.
3. My cooperation is expected in (a) honoring all financial obligations (b) practical help, and (c) faithful prayer.
4. The teacher has full discretion in the classroom discipline of my child.
5. The administration has full responsibility for placing my child in the proper class.
6. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
7. At least one parent of students must attend an orientation meeting before the beginning of the school year.
8. No refunds are made on any fees including the registration fee. In the event of withdrawal, transfer, or expulsion, I am responsible for immediate, full payment of all tuition and fees incurred through the last date of enrollment to include any and all late fees on past due amounts.
9. I am willing to abide by the specific provisions and principles stated in the Parent-Student Handbook and cooperate with decisions made by the school administration.

**Signature of both parents preferred; one will be accepted.**

Father	Date
Mother	Date

## For Office Use Only

Date Application Received	Interview
Registration Fee Paid	Transcript Requested