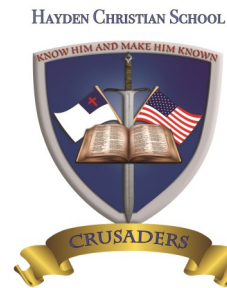


Family Worship Center HAYDEN CHRISTIAN SCHOOL 2024—2025 New Student Application



STUDENT INFORMATION

Name _____ Age _____ Sex _____ Birthdate _____
Home Phone _____ Birthplace _____
Address _____ City/State _____ ZIP _____
Last School Attended _____ Last Grade Completed _____
Address _____ City/State _____ ZIP _____
Best Contact Person _____ Phone of Contact _____

FAMILY INFORMATION

Father's Name _____ Phone/Cell _____ Email _____
Address (if different than above) _____
Employment _____ Position _____
Business Phone _____
Mother's Name _____ Phone/Cell _____ Email _____
Employment _____ Position _____
Business Phone _____
Marital Status: Married _____ Widow _____ Divorced _____ Separated _____
Emergency Name and Phone# _____ Relation to Student _____

Children in family of school age if not applying:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Reason they are not applying:

RELIGIOUS INFORMATION

Church Attending: _____ Pastor _____
Address _____ Phone _____

Father: Christian? Yes _____ No _____

Mother: Christian? Yes _____ No _____

Has applicant ever made a profession of faith in Christ? Yes _____ No _____

MEDICAL INFORMATION

Physician _____ Phone _____

Does student have any allergies? Yes No Explain: _____

*Has Student received immunizations? Yes No Most Recent Date Received _____
DTP/DTap/DT/Td _____ Polio _____ MMR _____ Varicella _____ Hepatitis B _____ Covid _____

Is student on any prescription medications? Yes No If yes, please list: _____

Has student ever had a 504 or IEP plan? ___ How was this need determined? _____

*We do not accept or refuse enrollment based on immunization status.

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? Yes No
If yes, explain: _____

Has student ever had disciplinary difficulty at school? Yes No If yes, please detail: _____

Does student have a juvenile or arrest record? Yes No If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? Yes No
If yes, explain: _____

Please indicate academic level of student's previous work: Excellent _____ Good _____ Average _____ Poor _____

Has student ever failed an academic subject in school? Yes No If yes, explain: _____

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school? _____

Application must be filled out completely before it can be processed. Fees for Application (Enrollment) , \$30.00, and Diagnostic Testing, \$15.00, must accompany Application and are not refundable. An interview with the parents and the student will be required before final acceptance.. Parent Initial: _____

For your convenience in meeting your financial obligations, tuition is divided into nine (9) monthly installments of \$320. The first payment is due on or before the 5th of each month; the final payment is due on May 5, 2025, before the final Progress Reports are mailed at the end of the school year.

With the full understanding that I am entering into a partnership with HCS on behalf of my student, I make an informed commitment to work and walk together as the Bible clearly teaches. Unless we walk in agreement, we will not be able to walk together.

I hereby pledge to pay my financial obligations to Hayden Christian School, a ministry of Hayden Family Worship Center, on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

I give permission for my student to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.

I agree to uphold and support the high academic standard of HCS by providing a place at home for my student to study and giving my student encouragement in the completion of any homework of assignments.

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

I have read the HCS *Policies & Procedures Manual*, agreed to complete Parent Orientation PACEs, and understand the terms stated on this application and agree thereto.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____