



HILLMAN CHRISTIAN ACADEMY

New Admission Registration Forms

2025-2026

Please use the following checklist to make sure everything in the New Admission Packet gets filled out and returned to the school. Any questions please contact:

Mrs. Petrik: 989-742-4487

- Student Application Information (3 pgs.) – If not already in
- Transfer Records Request (return signed if needed)
- Health Appraisal (make sure Hearing/Vision is completed)
- School Information/Photo Release
- Permission for Use of HCA computers and Internet
- Concussion Awareness acknowledgement
- Copy of Birth Certificate
- Immunization Record

To glorify God by providing an excellent Christ-centered education.

Student Application Information

Hillman Christian Academy
331 W. 3rd St.
Hillman, MI 49746
989-742-4487

FOR OFFICE USE ONLY:

DATE RECEIVED _____ RECEIPT # _____ AMOUNT \$ _____
TESTED _____ RECORDS RECEIVED _____
CHURCH MEMBERSHIP _____

Application for New Admission – School Year _____

Please fill out the application neatly and completely - print or type.
Return to the school office with the \$25 application fee.

NAME OF STUDENT _____

(1ST CHILD) Last First Middle (preferred/nickname)

Student to enter Grade _____ Birthdate ____/____/____ ☐ Male ☐ Female

Current School Attending _____ Principal _____
Address _____ Phone # _____

Has student ever repeated a grade? ☐ Yes ☐ No If yes, which grade? _____

Indicate if student has been disciplined by a previous school: ☐ Yes ☐ No

Suspension: ☐ Yes ☐ No Asked to withdrew by school: ☐ Yes ☐ No Expulsion: ☐ Yes ☐ No

Please explain any yes: _____

Indicate if student has been: Evaluated by SSD: ☐ Yes ☐ No Current IEP: ☐ Yes ☐ No ADD Diagnosis: ☐ Yes ☐ No
Please explain any yes: _____

Church Membership: _____

Child Baptized? ☐ Yes ☐ No Month Baptized _____

NAME OF STUDENT _____

(2ND CHILD) Last First Middle (preferred/nickname)

Student to enter Grade _____ Birthdate ____/____/____ ☐ Male ☐ Female

Current School Attending _____ Principal _____
Address _____ Phone # _____

Has student ever repeated a grade? ☐ Yes ☐ No If yes, which grade? _____

Indicate if student has been disciplined by a previous school: ☐ Yes ☐ No

Suspension: ☐ Yes ☐ No Asked to withdrew by school: ☐ Yes ☐ No Expulsion: ☐ Yes ☐ No

Please explain any yes: _____

Indicate if student has been: Evaluated by SSD: ☐ Yes ☐ No Current IEP: ☐ Yes ☐ No ADD Diagnosis: ☐ Yes ☐ No
Please explain any yes: _____

Church Membership: _____

Child Baptized? ☐ Yes ☐ No Month Baptized _____

Please share with us information about special needs (allergies, chronic conditions, discipline, special education):

STUDENT APPLICATION FOR NEW ADMISSION

Hillman Christian Academy

Contract of Enrollment

If accepted by Hillman Christian Academy and with (my/our) payment of the appropriate application fee, please enter (my/our) child/ren at Hillman Christian Academy for the full school year subject to the rules and regulations of Hillman Christian Academy as established by the faculty and approved by the Board of Christian Education and also subject to the written statements, rules, regulations, conditions, and financial terms contained in the Hillman Christian Academy Parent/Student Handbook which is acknowledged to include the following:

1. A non-refundable application fee of \$25 (For evaluation material). Once accepted, you will receive an email for additional paperwork and a fee of \$500.00 required for each student by Aug. 15th (used to purchase customized curriculum). *(Please make checks payable to Hillman Christian Family.)*
2. **Students are expected to be in their classrooms, seated, and ready to begin class at 8:00 AM. when the school day begins. School doors open at 7:50 AM. The school day ends at 2:45 PM.** Parents are expected to be prompt in picking up their child at the end of the day. If students are involved in after school activities, they should leave school after the activity. If a student is absent for a day, parents are to call the school before 9:15am. to inform the school of the reason for the absence.
3. If I cannot be contacted, those people listed as "Emergency Contacts" are authorized to pick up my child during the school day (Additional names may be attached to this application as needed.)
4. We, the parent(s)/guardian(s) give permission to Hillman Christian Academy to use pictures, videos, and directory information regarding our child(ren) as related to school sponsored events, activities, and special recognitions as authorized by The Family Educational Rights and Privacy Act. Release of student information by the school is done prudently and primarily to promote the accomplishments of our school and our students.
5. If in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) need medical or surgical services which require (my/our) authorization or consent before being supplied and reasonable attempts have been made to contact the parents/guardians, (I/we) hereby authorize, appoint and empower Hillman Christian Academy to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Hillman Christian Academy from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

WE EXPECT THAT THE STUDENTS OF HILLMAN CHRISTIAN ACADEMY WILL ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL AS ESTABLISHED BY THE FACULTY AND APPROVED BY THE BOARD OF CHRISTIAN EDUCATION.

Realizing our need for God's continued grace and the importance of a consistent, Christian witness to our children, we will attend worship services faithfully, receive the Lord's supper frequently, and study His Word regularly. We will also strive to practice those Christian attitudes and actions which we know reflect God's grace in our lives.

Date

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

★APPLICATION IS INCOMPLETE WITHOUT SIGNATURE(S) AND APPLICATION FEE★

Subject: Transfer Records Request

Please send your cumulative records, health records, test records (including the most recent I.E.P. and psychological reports), and any other pertinent information that you may have regarding my child _____.

Please include the latest grades.

We would like this information sent to:

Hillman Christian Academy
331 W. 3rd St.
Hillman, MI 49746

Name and Address of Previous School:

Parent/Guardian Signature

Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

#	Is	Reviewed	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
Reason for Medication				
_____/_____/_____ Parent/Guardian Signature Date				Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Is	Reviewed	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Is	Reviewed	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
				Muscle Imbalance								Weight			
			Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
				Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
			Date: / /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar								Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
				Albumin											
			Date: / /	Microscopic											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.							

Examinations and/or Inspections

Essential Findings Deviating from Normal:

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			3	
DTaP/DTP/DT/Td	1	4	Influenza (IV/LAN)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	<small>*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.</small>		
Measles, Mumps, Rubella (MMR)	1	2			
	2				
Varicella (Chickenpox)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	<input type="checkbox"/> Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations: _____		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ <div style="text-align: center; margin-top: 10px;"> _____ Dentist's Signature </div> <div style="text-align: right; margin-top: 10px;"> _____ Date </div>

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	_____ MI	_____ ZIP Code
_____ Telephone			

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

School Communication/News

A school newsletter is developed and shared families. A great deal of effort is put into each one as teachers and staff try to share the information that parents need as part of the school family.

*******Here's what we need from you.....Please read the newsletter!*******

YES! I pledge to partner in my child's education by looking through the school newsletter.

Parent/Guardian Signature

Date

Parents are also asked to consider being a part of a TEXT GROUP to receive periodic texts from the school office with important bits of information such as alerts about weather-related school closings. Interested? Share your name and cell number below:

_____ I'm already signed up

_____ Sign me up!

Parent Name & Cell Number/s

Photo/Video Release

Website/Facebook/Text messages

_____ I give my permission for my child's photo/videos (taken during school functions) to be published on the church or school website/Facebook/text messages.

_____ I do not wish to have my child's picture on the school website/text messages.

Newspaper

_____ I give my permission for my child's photos/videos (taken during school functions) to be published in local newspapers.

_____ I do not wish to have my child's picture in local newspapers/Facebook.

Parent/Guardian Signature

Date

Student (s) _____

Parent Comments: _____



CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.



WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Concussion Awareness Educational Material Acknowledgement

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by Hillman Christian Academy.

Student name printed

Parent or Guardian name printed

Student signature

Parent or Guardian signature

Date

Date

Student's Date of Birth

Date that student will turn 25 years old

Report any known previous incident(s) of concussion (use back of form if necessary)

Return this signed form to Hillman Christian Academy. This form will be kept on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.



Acceptable Use Policy of HCA Computers and Internet

Dear Parent/Guardian and Student:

During the school year, students will be allowed access to the school computer network and the internet through the school's connection. The school has the following Acceptable Use Policy in place concerning such resources:

- Access to technology is a gift from God and should only be used in a God pleasing manner. To clarify and explain that use, this policy is provided to students, parents, and staff. ***Violations of this policy will be treated with normal school disciplinary procedures and may result in loss of privileges.***
- Students are responsible for good behavior on school computer networks just as they are in a classroom or school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.
- The internet is provided for students to conduct research and communicate with others. Access to internet service is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege – not a right. Access entails responsibility.
- Individual users of the computers are responsible for their behavior and communications over those networks.
- File storage areas may be treated like school lockers. Administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on provided storage will always be private.
- Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other potentially offensive media.

Individual users of the internet are expected to abide by the generally accepted rules of network etiquette.

The following are NOT permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems, software, or computer networks
- Violating copyright laws
- Using another's id/password
- Illegal use of data in folders or work files
- Intentionally wasting limited resources
- Employing the network for commercial purpose
- Violating copyright laws
- Using another's id/password

Approved/Advised Board of Education 12/29/21



Permission for Use of HCA Computers and Internet

As a user of the Hillman Christian Academy Computer Network and Internet, I hereby agree to follow the Acceptable Use Policy of HCA Computers and Internet and use the network in a responsible and God pleasing manner for as long as I am a student at Hillman Christian Academy, Hillman, MI

Student Signature _____

Printed Name of Student _____ Grade _____

As the parent or legal guardian of the above student, I grant permission for my child to access the HCA computers and internet for school related purposes. I understand that under the Acceptable Use Policy of HCA Computers and Internet my student may be held responsible for violations.

Parent Signature _____

Printed Name of Parent _____ Grade _____

