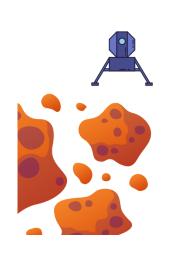
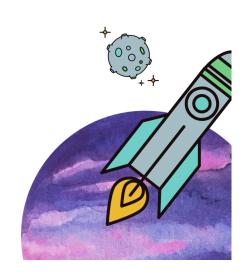


## Hillman Christian Academy





## 2024-2025

331 W. 3<sup>rd</sup> St, Hillman, MI 49746 989-742-4487



# Welcome!

Attached are all the materials you will need to register your child with HCA.

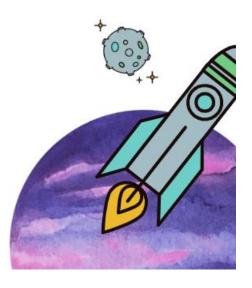
Please read the requirements carefully to make sure you have all the necessary paperwork with you.

• The application must be filled out completely and signed on the back where indicated. (It is invalid without a signature and date).

If you have any questions or concerns, please don't hesitate to contact me at any time at 989-742-4487.

Thank you and again, Welcome to the Hillman Christian Academy Family. Sincerely,

Mrs. Petrik



## HILLMAN CHRISTIAN ACADEMY

### New Admission Forms

2024-2025

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

- o Student Information
- o Application Fee (\$25)
- Contract for Application Signed

### **Student Information**

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

FOR OFFICE USE ONLY:		
DATE RECEIVED	RECEIPT #	AMOUNT \$
TESTED	RECORDS RECEIVED	
CHURCH MEMBERSHIP		

Application for New Admission – 2024--2025 School Year

NAME OF STUDEN	Τ					_
(1 <sup>ST</sup> CHILD)	Last	First	Middle	(pr	referred/nickname)	
Student to enter Grad	le Bir	thdate//	_ 🗆 Male 🗆 i	emale		
· ·	<del>-</del>	Yes $\square$ No If yes, v by a previous school: $\square$				
•		Asked to withdrew	•		Expulsion:   Yes	□ No
		by SSD: ☐ Yes ☐ No		□ Yes □ No	ADD Diagnosis: [	□ Yes □ No
Church Membership:						
Child Baptized? ☐ Ye	s 🗆 No Mor	nth Baptized				
NAME OF STUDENT _						
	Last	First		Middle	(pre	erred/nickname
(2 <sup>ND</sup> CHILD)	Last				(pret	erred/nickname
(2 <sup>ND</sup> CHILD)  Student to enter Grad  Current School Attend	Last le Birl	First	_ □ Male □ I	Female Principal		
(2 <sup>ND</sup> CHILD)  Student to enter Grad  Current School Attend  Address  Has student ever repe	Last  de Birt  ding  eated a grade?	First thdate//	_ □ Male □ I which grade?	Female Principal Phone #	"	
(2 <sup>ND</sup> CHILD)  Student to enter Grad  Current School Attend  Address  Has student ever repe  Indicate if student has  Suspension:	Last  ding eated a grade?  s been disciplined  Yes  \[ \] No	First thdate//  Yes □ No If yes, v	_ □ Male □ F which grade? Yes □ No by school: □ Yes	Female  Principal  Phone #		
(2 <sup>ND</sup> CHILD)  Student to enter Grad  Current School Attend  Address  Has student ever repe  Indicate if student has  Suspension:  Please explai	Last  ding eated a grade?  s been disciplined  Yes  No in any yes: s been: Evaluated	thdate/	_	Female  Principal Phone #  □ No  □ Yes □ No		□ No

STUDENT(S) LIVES WITH:	Father & MotherFather/Stepmother	Father Only Mother/Stepf		er Only dparent/Guardian			
Ethnic Origin: (used for governme	nt reporting purposes only)	African/American Hispanic		Caucasian Other			
Public School District in which you	live						
Public Elementary School /Junior H	ligh School which you would atte	end					
The following family referred me to	Hillman Christian Academy: Pa	rent		Child			
FAMILY DATA							
Parent/Guardian #1 Name (Dr./Mr.	./Mrs./Ms.)		Home Phone()				
Home Address							
Street		City	State	Zip			
E-mail Address	Cel	l Phone()_					
Employer	C	ccupation					
Work Phone ()	Pag	ger ()					
Parent/Guardian #2 Name (Dr./Mr.	./Mrs./Ms.)		Home Phone()_				
Home Address							
Street		City	State	Zip			
E-mail Address	Cel	l Phone()_					
Employer	C	ccupation					
Work Phone ()	Pag	ger ()					
Are parents separated? ☐ Yes ☐	e parents separated?			If yes, who has custody?			
Please star(*,	) above which address to use fo	r all correspondenc	e about this application	n.			
EMERGENCY INFORMATION							
School/ EMERGENCY CONTACTS (S additional names on another sheet		your address and i	s authorized topick up v	your child - include			
Name	Relationship		Day Phone ()_				
Name	Relationship		Day Phone ()_				

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

### 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 (negotiable) required for each student by Aug. 15<sup>st</sup> (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.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian