

**Application for Enrollment**  
**Hendersonville Christian Academy**

355 Old Shackle Island Road • Hendersonville, TN 37075 • 615-824-1550 • Fax 615-590-3025

<b>For Office Use:</b>
Fee Paid: ___/___/___ _____
Decision Letter Sent: ___/___/___ _____

Date of Application \_\_\_\_\_

Year Applying for \_\_\_\_\_

Grade Applying for \_\_\_\_\_

Student's Full Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender: M F Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Address \_\_\_\_\_

Name the student's legal guardian(s). \_\_\_\_\_

What is the relationship of the guardian(s) to the student? (check all that apply)

Father    Mother    Stepfather    Stepmother    Grandparent    Other \_\_\_\_\_

Contact Numbers for Guardian(s) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Church Membership? Yes No Name of Church \_\_\_\_\_

Which factor(s) most influenced your decision to apply to Hendersonville Christian Academy? Check all that apply.

Academic Quality	Athletics	Safe & Secure Environment	Location
Christian Atmosphere	Curriculum	After-School Program	Tuition Value

Other reasons \_\_\_\_\_

Please list each school the student has attended starting with the most recent.

_____ Name of School	_____ City, State	_____ Grades Attended
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_____ Name of School	_____ City, State	_____ Grades Attended
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Has the student ever been asked to repeat a grade? Yes No If yes, which one? \_\_\_\_\_

**Attach a copy of the student's most recent report card and achievement test results if available.**

Has the student ever been expelled, suspended, or asked not to return to a school? Yes No

If yes, please explain fully. \_\_\_\_\_

State any chronic health, emotional, or physical problem(s) the student has. \_\_\_\_\_

Does the applicant have a learning difference? Yes No

Has the student ever been recommended for testing? Yes No

Does the student require modifications to meet academic requirements? Yes No

Has the student ever participated in a special needs program (including gifted, resource, special ed.)? Yes No

If you answered yes to any of the previous four questions, please explain in detail. \_\_\_\_\_

Please name two references for your son, daughter or ward that can provide information relevant to his or her character.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I understand that, after acceptance, a place will be held for my child when the Student Registration Form and the non-refundable registration fee has been submitted to the school by the date indicated in the acceptance letter. I certify that the student named on this application is of good moral character and amenable to discipline; and making application, he or she agrees to abide by the rules of the school. To the best of my knowledge, the information contained herein is accurate and truthful.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Admissions Committee Use:</b>	
Interview: ___/___/___	_____
Reference: ___/___/___	___/___/___
Accept	Deny _____

Hendersonville Christian Academy admits all qualified applicants regardless of race, gender, creed, color, or national and ethnic origin.