



STUDENT APPLICATION

HARVEST CHRISTIAN SCHOOL

Date Received _____

Reviewed By _____

Academic Year applying for _____ Grade applying to _____

Applicant Information

Student's Legal Name _____
Last *First* *Middle*

Name Preferred _____ Date of Birth ____ / ____ / ____ Age _____

Social Security Number _____ Home Phone (____) _____

Address _____ City _____ Zip _____

Mailing Address _____
(if different)

Email _____

Parent Information

Father's Name _____
Last *First* *Middle*

Home Phone (____) _____ Email _____

Address _____ City _____ Zip _____

Cell Phone (____) _____ Work Phone (____) _____

Employer _____
Name *Address* *Phone*

Occupation _____

Mother's Name _____
Last *First* *Middle*

Home Phone (____) _____ Email _____

Address _____ City _____ Zip _____

Cell Phone (____) _____ Work Phone (____) _____

Employer _____
Name *Address* *Phone*

Occupation _____

Notice of Non-Discrimination Policy

Harvest Christian School admits students of any race, color, or national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to the students of the school. HCS does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship and other school administered programs.



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Other Children in the Family

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Language spoken in your home _____

School Information & Educational Background

Previous School(s) Attended (begin with the most recent):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we contact the above school(s) for official transcripts and records? Yes No

Are you applying to other schools? Yes No

If yes, which schools? _____

Has your child ever been suspended, expelled or asked to withdraw from a school? Yes No

If yes, please provide the circumstances: _____

Has your child ever been held back or considered for retention, or skipped a grade? Yes No

Which grade? _____ What was the reason? _____

Has your child ever received special help in any academic area? Yes No

Has your child been recommended for special class for gifted children? Yes No

Please describe: _____



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Has your child ever been tested, recommended for or participated in a special education program?
___ Yes ___ No

Has your child ever been diagnosed as having a specific learning, physical, emotional or neurological disability? ___ Yes ___ No

If yes, please comment: _____

Has your child ever been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)? ___ Yes ___ No

If yes, please comment: _____

To your knowledge, does your child have any conduct or behavioral problems? ___ Yes ___ No

Comments: _____

If you have answered YES to any of the above questions, please provide copies of any related tests and records.

Student Profile

Why do you want your child to attend Harvest Christian School?

What phrases come to mind when describing your child?

Please describe your child's greatest strength, both cognitive and social.

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Please describe any behavioral, social and/or cognitive needs of your child that Harvest Christian School should be aware of.

Please describe your child's interests, including extra-curricular activities.

Please share any major events that have occurred during your child's life that Harvest Christian School should be aware of (relocation, death in the family, major illness, divorce, etc.).

Church Affiliation (If Applicable)

Church: _____

Church Phone (____) _____ Pastor's Name _____

Address _____ City _____ Zip _____

Regular Attendance Occasional Seldom

Please give a statement of your Christian faith.

How would you describe your child's spiritual life?

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Harvest Christian School is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. We rely seriously on the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.

Signature of Parents / Guardian

Date

Parent Release

As a parent or legal guardian, I authorize a licensed physician to examine the above named student, and in the event of injury, to render such emergency care as he/she deems necessary for the treatment of such injury including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to send the above named student to the most accessible hospital or physician.

I consent to the above named student's attendance on field trips and on other school-sponsored activities and affirm the school's right to administer classroom and student discipline in accordance with School Board policy, including the right to dismiss any student who does not respect the school's spiritual standards and/or cooperate in the educational process.

Signature of Parents / Guardian

Date

Thank you for your time and thoughtfulness in filling out this application.

For Office Use Only

Application Fee _____	Date Received _____
Registration Fee _____	Date Received _____
Recommendation Letter _____	Date Received _____
Teacher Recommendation Form _____	Date Received _____
School Records _____	Date Received _____
Testing _____	Date of Testing _____
Interviewed By _____	Date of Interview _____

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