

Hillsdale Christian School

200 E. Taylor - P.O. Box 8
Hillsdale, OK 73743
580-635-2211

STUDENT APPLICATION

Directions: Please see the last page for instructions on completing this application.

Applying for Grade _____

Date to Enter _____

I. PARENT INFORMATION:

Father's Name _____

Address _____
Street or Rt. & Box# City State Zip

Telephone _____
Home Cell # & Carrier Name Business

E mail Address _____

Occupation _____ Employer _____

Mother's Name _____

Address (if different from above) _____

Telephone _____
Home Cell # & Carrier Name Business

E mail Address _____

Occupation _____ Employer _____

Are Parents separated or divorced? _____

If so, who has legal custody? _____

Name of person responsible for bills, if other than parents.

Name Address City State Zip

II. STUDENT INFORMATION

Student's Name _____

Last First Middle

Boy _____

Girl _____ Age _____ Date of Birth _____

Place of Birth _____

City_____County_____State_____

Present Address _____
Street, Rt., or P. O. Box City State Zip

School Attending or Last Attended_____

Address _____ City _____ State _____ Zip _____ Phone _____

Please list schools attended during the past four years:

School	Address	Dates	Grade Completed
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been recommended for Special Education or Learning Disabled Classes? _____
Has the student ever been suspended? _____, expelled? _____, or asked to withdraw? _____.
If so, please give full particulars on a separate sheet of paper, including the principal's name and address of the school and include with the application.
Has the student ever repeated a grade? _____ If so, state grade and date. _____
Why is your student withdrawing from his/her present school? _____

School Grade Completed _____ Presently Enrolled at _____
Name of School

III. FAMILY INFORMATION:

Please list an emergency name & phone number(s) if you could not be reached.

1. _____	2. _____
Name Phone	Name Phone

Who is the applicant's physician? _____
Name Telephone

List any other pertinent medical information that should be on file (allergies, etc.) _____

Other children under 18 years of age living with the family.

Name	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Are there any children of elementary school age not being applied for? If so, please state the reason. Please note: An application for enrollment of **all** school age children within a family in grades kindergarten

through eighth grade is requested except where extenuating circumstances prevail. These circumstances would be discussed at the parent interview after the application has been submitted.

IV. CHURCH INFORMATION:

Family attends what Church? _____

Address _____ No. of years _____

Please check the appropriate boxes: ☐ member of church, ☐ the family attends church regularly, ☐ the applicant attends regularly, ☐ attends Sunday School, ☐ attends worship service, ☐ is not a member of a local church.

References: Please list the name, address, and phone number of a pastor and family, (preferably an HCS family) who know you well. Do not list relatives.

Pastor	Address	Phone
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Family Friend (preferably HCS family)	Address	Phone
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Are you personally in agreement with the basic tenets of historic, orthodox Christianity, particularly as stated in the HCS Statement of Faith? _____. If there is any question at this point please explain.

Are you willing for your student to receive training in the Biblical doctrines of the evangelical church, and to receive encouragement and guidance in applying those doctrines to life?

V. STATEMENT OF APPLICATION:

TO PARENT OR GUARDIAN: Please make a full statement as to why you want to enroll this student in Hillsdale Christian School.

VI. STATEMENT OF PARENT'S/GUARDIAN'S PERSONAL CHRISTIAN EXPERIENCE AND FAITH:

In making application for my child to attend Hillsdale Christian School, I agree to support the spiritual, moral, dress and disciplinary standards of the school. (The discipline code includes the use of corporal punishment.)

Upon favorable acceptance of the student described above, I hereby agree to accept all rules and regulations of the school and authorize the school to administer such disciplinary measures as may be deemed necessary and proper by the administration.

We will give active support to the school program in every way possible, and make a sincere effort to attend school functions to which parents are invited.

We agree to pay tuition and such fees as are chargeable according to the current Schedule of Tuition and Fees.

It is understood that this is an application only and that space will not be reserved for our child until the enrollment process is completed and the registration fee is paid. I have read and accept the financial policy for tuition fees and refunds.

Date

Signature Parent or Legal Guardian

DIRECTIONS FOR COMPLETING THE APPLICATION:

1. Return the application with a non-refundable \$25.00 application fee. We cannot consider an application without the application fee.
2. Please submit a photocopy of applicant's most recent report card. (Do not send the original report card.)
3. Please submit all necessary immunization records and birth certificate. (Please send a copy, not the original.)
4. You will be called for an interview with the Hillsdale Christian School Administrator.
5. If you have any questions, please call the school office during regular business hours- 8:15 a.m. – 4:00 p.m. weekdays.

*Thank you for considering Hillsdale Christian School
"Integrating Faith And Knowledge"*

Hillsdale Christian School does not discriminate based on race, creed, or sex.