



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

APPLICATION FOR READMISSION SCHOOL YEAR 2017-2018

PLEASE PRINT ALL REQUESTED INFORMATION ON THE APPLICATION
A NONREFUNDABLE REENROLLMENT FEE OF \$ 150.00 IS DUE UPON SUBMISSION

Child's Name: _____ Date of Birth: _____ Sex: M ___ F ___

Mother's Name: _____ Home Number: _____

Home Address: _____ City: _____ State/Zip Code: _____

Cell Number: _____ Email Address: _____

Father's Name: _____ Home Number: _____

Home Address: _____ City: _____ State/Zip Code: _____

Cell Number: _____ Email Address: _____

WITH WHOM DOES THE CHILD RESIDE?

Both Parents: ___ Mother Only: ___ Father Only: ___ Joint Custody: ___ Guardian: _____

Grandmother: ___ Grandfather: ___ Grandparents: ___ Other (Please Specify): _____

PARENT OR GUARDIAN EMPLOYMENT

Name of Mother's Employer: _____

Address: _____ City: _____ State/Zip Code: _____

Position: _____ Department: _____ Work Number: _____

Name of Father's Employer: _____

Address: _____ City: _____ State/Zip Code: _____

Position: _____ Department: _____ Work Number: _____

Do you have any other children attending HPCA? Yes ___ No ___

If yes, Please list their names and the grades they will be in:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Has your child attended another school? Yes _____ No _____

If yes, please name the schools attended:

Name: _____

Address: _____ City: _____ State/Zip Code: _____

Has your child been diagnosed with any ailment, behavioral disorder or learning, emotional or physical challenge that may or may not impede his/her learning process (i.e. ADD or ADHD)? _____ Yes _____ NO. If yes, please provide documentation. Failure to disclose documentation may result in admission denial.

Has your child ever been placed on probation, suspended, expelled from school or received any disciplinary action? If yes, please explain:

Does your child have an IEP? If yes, please attach the plan. _____ Yes _____ No

Does your child have a 504 Plan? If yes, please attach the plan. _____ Yes _____ No

Are you a member of First Baptist Church of Highland Park? Yes _____ No _____

Are you a member of another church? Yes _____ No _____

If the answer is yes, name your church: _____

Address: _____ City: _____ State/ Zip Code: _____

Name of church leader: _____

Annual Tuition Agreement

THE PERSON WHO SIGNS THIS AGREEMENT IS THE PERSON(S) HPCA HOLDS RESPONSIBLE FOR PAYMENT OF TUITION AND SCHOOL FEES

NAME: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME TELEPHONE: _____ CELL: _____ WORK: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME TELEPHONE: _____ CELL: _____ WORK: _____

I UNDERSTAND THAT WHEN I SIGN THIS STATEMENT, I AM RESPONSIBLE FOR THE TIMELY PAYMENT OF TUITION AND FEES AND AGREE TO THE FACTS TUITION MANAGEMENT SYSTEM THAT WAS MUTALLY AGREED UPON; THAT THE TUITION AND FEES FOR THE FIRST MONTH ARE NOT REFUNDABLE FOR ANY REASON; THERE IS NO REBATE FOR ANY SCHOOL HOLIDAY, SCHOOL CLOSING, AND/OR STUDENT ABSENCES. I UNDERSTAND LATE PAYMENTS OR RETURNED PAYMENTS WILL RESULT IN LATE FEES AND SUBSEQUENTLY HINDER MY CHILD FROM ATTENDING CLASS UNTIL PAYMENT IS RECEIVED. IF THIS AGREEMENT IS NOT KEPT, MY CHILD(REN) WILL BE UNENROLLED.

SIGNATURE: _____ DATE: _____ RELATIONSHIP: _____

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MEDICAL AUTHORIZATION

In case of a medical emergency, I give permission for my child to be transported to the nearest available medical facility. I understand that I will be responsible for payment of medical expenses incurred on my child's behalf and that the Highland Park Christian Academy is not responsible for medical treatment for my child. I will inform also HPCA, prior to the first day of school, any allergies and/or medical conditions that my child may have or medicines they must take during the school day.

Parent's Signature: _____ Date: _____

Name of child's Physician: _____

Health Insurance Company: _____

Insurance Number: _____ Group Number: _____

STATEMENT OF COOPERATION

1. The Highland Park Christian Academy (HPCA) has full discretion in correcting inappropriate behavior consistent with school policy while my child is under its supervision.

2. After appropriate counseling with principal parties (teacher, administrator, and child), HPCA reserves the right to dismiss any student who does not respect its policies, rules and regulations. It is understood and accepted that the all registration tuition and fees will not be refunded.

3. I pledge my full cooperation that not only will I pay tuition and fees in a timely manner, I (we) will provide volunteer labor; share my special gifts and talents; and become an active member of the Parent Partner's Association (PPA).

Signature: _____ Date: _____ Relationship: _____

Signature: _____ Date: _____ Relationship: _____