

# HARVEST *Preparatory Academy*



## ADMISSIONS APPLICATION

**NOTE:** The application does not assure final enrollment but provides information upon which a decision will be based. **STUDENT NON-REFUNDABLE ENROLLMENT FEE MUST ACCOMPANY THIS APPLICATION.** To be considered for enrollment or to be placed on the class waiting list. A copy of the birth certificate and immunization record must accompany this application form. If classes become filled while you are on the waiting list, your fee(s) will be refunded to you. Harvest Preparatory Academy reserves the right to alter class selection based on final enrollment.

**How did you hear about HPA?**

Newspaper	Another HPA Parent or Student
TV	Radio
Church Service	Bulletin

**A. NONDISCRIMINATION POLICY:** Harvest Preparatory Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its education policies, admissions policies, athletic, and other school administered programs.

**B. GENERAL RECORD:** Check one  New Student  Returning Student -Year last attended \_\_\_\_\_

Student \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Application for Grade \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Day Month Year

Student Phone: \_\_\_\_\_ Parent Mobile Phone: \_\_\_\_\_  
Area Number Area Number

Email Address: \_\_\_\_\_

Address: Apt. #: \_\_\_\_\_ House #: \_\_\_\_\_ Street name: \_\_\_\_\_

P.O. Box/R.R. #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Zip \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Resides with: (check one)  Mother/Father  Mother Only  Father Only  Guardian  
 Father/Step Mother  Mother/Step Father

Title: (check one)  Mr. & Mrs.  Mrs.  Ms.  Mr.  Dr. & Mrs.  Rev. & Mrs.

Name of Parent/Guardian: \_\_\_\_\_  
First Name Last Name

Ethnic Category: (check one)  Asian  Caucasian  Hispanic  American Indian  Black

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area) Number

**OFFICE USE ONLY:**

Date application received \_\_\_\_\_ HPA accounting number: \_\_\_\_\_

Date notification sent to parents: \_\_\_\_\_ Enrollment date: \_\_\_\_\_

Tuition option:  YR  SEM  MTHLY Date placed on HPA computer: \_\_\_\_\_

Date paid: \_\_\_\_\_ Total paid on enrollment:\$ \_\_\_\_\_ Employee Initial: \_\_\_\_\_

Payment type:  Cash  Credit/Debit  Check/MO - Check/MO #: \_\_\_\_\_

Enrollment fees: \_\_\_\_\_ Book fees: \_\_\_\_\_ Tuition: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Number

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last Area Number

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Number

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last Area Number

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Number

Will you need transportation?  Bus Will you need Before & Aftercare?  Yes  No

Name of Person(s) authorized to pick up student: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area Number

Were you ever denied admission to a school? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever suspended or expelled from school? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last school attended: \_\_\_\_\_

### C. FINANCIAL RECORD:

COMBINED INCOME RANGE:

less than 15,000

15,000 to 19,999

20,000 to 29,999

30,000 to 39,000

40,000 +

Is there any reason why you would not be able to make your tuition payments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bank \_\_\_\_\_

**D. CHILD'S SPIRITUAL RECORD**

Home Church (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Denomination) \_\_\_\_\_

Church Now Attending \_\_\_\_\_ Phone \_\_\_\_\_

Senior Pastor \_\_\_\_\_ Youth Pastor \_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ Year \_\_\_\_\_

Have you been water baptized?  Yes  No Year \_\_\_\_\_

Have you received the baptism of the Holy Spirit with the evidence of speaking in other tongues?  
 Yes  No Year \_\_\_\_\_ If no, are you open to this experience?  Yes  No

Are parents an active member of Cumberland Christian Center Church?  Yes  No  
Do you attend one service per week at your church?  Yes  No

**E. PARENT QUESTIONNAIRE:** (Attach additional sheets if necessary)

How did you find out about Harvest Preparatory Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest needs?

Spiritual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_