

STUDENT APPLICATION

Holmesburg Baptist Christian Academy
7927 Frankford Avenue
Philadelphia, PA 19136
(215) 335-4323
(215) 335-2013 Fax

*Lo, Children Are A
Heritage From The Lord
Psalm 127:3*

ENTERING GRADE _____
SCHOOL YEAR _____
DATE OF APPLICATION _____

Full Name of Child _____ Sex _____
(Last) (First) (Middle)

Date of Birth _____ Social Security Number _____ Phone _____

Address _____ City _____ Zip _____

Living With: Birth Parents ____ Birth Parent & Step Parent ____ Single Parent ____
Guardian ____ Other _____

Father: Mr., Dr., Rev. _____

Mother: Mrs., Dr., Miss, Ms. _____

Address (if different than child) _____

Address (if different than child) _____

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

E-Mail _____

E-Mail _____

Employer _____

Employer _____

Position _____

Position _____

Business Phone # _____

Business Phone # _____

Remarried ____ Separated ____ Widower ____

Remarried ____ Separated ____ Widow ____

Church Affiliation _____

Church Affiliation _____

Pastor _____

Pastor _____

If accepted, do we have permission to print your phone number in our family directory? ____ Yes ____ No

Names of all children in household	Age	Relationship to Child	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is it your intention, God willing, to have your child attend HBCA for grades K – 8? ____ Yes ____ No

If you are leaving a Christian School, are you leaving in good financial standing? ____ Yes ____ No

Explain reason for leaving _____

STUDENT INFORMATION

1. List all previous schools attended:

NAME	COMPLETE ADDRESS	GRADES	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has child ever repeated a grade? No Yes If yes, give grade(s) _____
Reason for repeating _____

3. Has child had extended absences from school? No Yes
Reason for absences _____

4. Has child had disciplinary difficulty in school? No Yes
Reason for difficulty _____

5. Has child every been suspended or expelled? No Yes
Reason _____

6. Has child ever attended summer school? No Yes
Explain _____

7. Does this child have special health problems? No Yes
Explain _____

8. Does child have any diagnosed learning disabilities? No Yes
Explain _____

9. Does child have any mental, emotional or physical handicaps? No Yes
Explain _____

10. During previous schooling, have teachers noted any difficulties such as the following –

<input type="checkbox"/> Copying from the board	<input type="checkbox"/> Knowing answers, but failing tests
<input type="checkbox"/> General Organization	<input type="checkbox"/> Confusing left and right
<input type="checkbox"/> Organizing written work	<input type="checkbox"/> Handwriting
<input type="checkbox"/> Following oral directions	<input type="checkbox"/> Self Control
<input type="checkbox"/> Comprehending instructions	

11. Does this child wear glasses or corrective lenses? No Yes

12. Does child attend Church? No Yes Church name: _____
Sunday School? No Yes Youth group No Yes
If no, why? _____

13. Has your child had any Early Childhood experience? No Yes Location _____
(Please provide Report Card or Progress Report for students entering Kindergarten)

PARENT INFORMATION

Parents, please answer the following questions in detail:

1. Explain your reasons for enrolling your child in Holmesburg Baptist Christian Academy.

2. How were you referred to Holmesburg Baptist Christian Academy?

3. Does your family have a devotional life of Bible reading and prayer? Explain.

4. How will you support your child's educational growth? _____

5. State in detail your relationship to Jesus Christ. How did you receive Him as your Savior? How will you get to heaven? Both parents need to answer separately.

Father: _____

Mother: _____

The included pages of information are true and correct to the best of our/my knowledge.

Signature of Father _____ **Date** _____

Signature of Mother _____ **Date** _____

MIDDLE SCHOOL STUDENT QUESTIONNAIRE

The following questions are to be answered by the 6th – 8th grade student in his/her own handwriting. Answer all questions in sentence form. Applications are considered incomplete if student has not filled in this page.

Name _____ Grade Entering _____

1. Do you enjoy school? List your favorite activities and classes.

2. What class is your most challenging? _____

3. Do you complete your homework? _____

4. Describe your study habits in preparation for class. _____

5. How did you hear about HBCA? _____

6. Do you want to attend school here? Why? _____

7. Do you consider yourself a Christian? ___Yes ___ No

How do you know? _____

8. List your talents and hobbies. _____

9. Do you enjoy reading and what do you read? _____

10. Do you know any students at HBCA? _____ Who? _____

11. Do you respect the teacher's authority? ___Yes ___ No

Signature _____ Date _____