

# Hope Christian Academy



## Distance Learning Enrollment Forms



# Application for Enrollment in **Hope Christian Academy**

This application is for students who desire to enroll for the \_\_\_\_\_ academic school year.

The registration fee of **\$150** for the first student in the family with a **\$10.00** reduction for each additional child in the family must accompany this application and is nonrefundable. (This includes the testing fee.)

Last Name:	Home Phone:
Father's First Name:	Mother's First Name:
Father's S.S. #: (This is voluntary and not required.)	Mother's S.S. #: (This is voluntary and not required.)
Home Address:	
Work Address:	
Church Attended: _____ Attend Regularly: Yes No	
Will your Pastor provide recommendation for Independent Study? Yes No (Circle choice)	
Will your family be enrolling in Home School Legal Defense? Yes No (Circle choice)	

Names of children in family seeking enrollment in **Hope Christian Academy**

Name	Age	Sex	Birth Date	Entering Grade	Cost
_____	_____	_____	____/____/____	_____	<b>\$150.00</b>
_____	_____	_____	____/____/____	_____	<b>\$140.00</b>
_____	_____	_____	____/____/____	_____	<b>\$130.00</b>

**Hope Christian Academy** will continue to provide educational consultation, maintenance of records, forms, C.A.T. testing, and all other services as listed in our handbook. We are here to work with the home in helping parents give their children a quality education. Students will be accepted regardless of race, creed, or color, if they will agree to the policies and rules of the school.

"I agree to uphold and support the high academic standard of **Hope Christian Academy** by providing a place at home for my children to study and by encouraging my children in the completion of required work."

"I appreciate the standards of the educational ministry and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, disrespect to authority, or academic dishonesty."

"I understand that **Hope Christian Academy** reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations or does not complete required work."

"I understand that the expected achievement is 5 units successfully passed **72% or better** per subject per semester. Should my student fall below the unit minimum, he/she can be placed on probation for the following semester."

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**All forms must be completed and accompany this application.**

All accounts without a high credit rating will be on cash or money order basis until a credit rating is established.

# Enrollment History

School last attended: \_\_\_\_\_

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

Street City Zip  
Phone: (\_\_\_\_) (\_\_\_\_)  
Day Evening

Have all financial obligations to previous schools attended been fulfilled?

Yes  No

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

Yes  No If yes, please explain: \_\_\_\_\_

Has student ever had any disciplinary difficulties?

Yes  No If yes, please explain: \_\_\_\_\_

Has student ever been in trouble with the law, arrested?

Yes  No If yes, please explain: \_\_\_\_\_

Has student ever used tobacco or drugs of any kind?

Yes  No If yes, please explain: \_\_\_\_\_

Please indicate academic level of student's previous work:

Excellent  Good  Average  Poor

# Hope Christian Academy

## Financial Commitment

2006/2007

We understand that as a private school, **Hope Christian Academy** does not receive governmental financial help for operational expenses and that prompt payment of all expenses incurred for the education of our child/children will be considered as a sign of our concern for sound and responsible education practice.

We understand that should unexpected events (such as earthquakes, floods, acts of war, or attempts to curtail religious freedoms by governmental agencies) cause the closing of our Christian school for any length of time, no money will be refunded; and should our child/children be withdrawn from **Hope Christian Academy** no money will be refunded.

We further realize that all projects, test results (diagnostic, C.A.T., etc.) are the property of **Hope Christian Academy** but are available for inspection on request.

We understand that our financial responsibilities are as follows and agree to pay on this basis: **Tuition Fees**

Kindergarten Tuition (LIFEPAC/Horizons only)	\$500 Yearly	*\$265.00 per semester
Full Year, Full-time LIFEPAC	\$700 Yearly	*\$365.00 per semester
Full Year, Full-time SOS	1,100 Yearly	*\$565.00 per semester
Full Year, Per Subject LIFEPAC	\$175 Yearly	**\$90.00 per semester
Full Year, Per Subject SOS	\$275 Yearly	**\$140.00 per semester
Semester, Per Subject LIFEPAC	\$87.50 Yearly	Semester classes must be
Semester, Per Subject SOS	\$137.50 Yearly	paid in full for current semester

**\*Full time tuition paid by semester includes a \$15.00 per semester service fee.**

**\*\*Per subject tuition paid by semester includes a \$2.50 per subject service fee per semester.**

**Electives** are charged at the per subject fees listed above.

**Full time students** are required to take the four core academic subject: Language Arts, Math, History/Geography, and Science.

**Part-time students** may register for 1-3 subjects. High school diplomas are not issued to part-time students.

### Enhanced Student Services (ESS) Fees

Tuition for Enhanced Student Services (ESS) is an additional charge on a per subject, per semester basis as follows:

Bible	\$50
History	\$50
Language Arts	\$75
Science	\$75
Math	\$100

Total Yearly Tuition: \$ \_\_\_\_\_

Total Tuition per Semester: \$ \_\_\_\_\_

**Agreement**

My signature below signifies agreement to meet my financial obligations as outlined above and submission to program requirements.

\_\_\_\_\_ Date: \_\_\_\_\_  
Father's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Mother's Signature

# Immunization Record

This record is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
POLIO (OPV or IPV)					
DTP and/or DT / Td					
<b>MEASLES</b>  (Rubella 10-day, red measles)			Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps, and rubella (M-M-R). If the student received any combined vaccine, enter the date in each appropriate box.  T.B. Test Date: _____ Neg _____ or Pos _____		
<b>RUBELLA</b> (German measles, 3-day measles)					
MUMPS					

To the best of my knowledge, the above information is true and accurate.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HOPE CHRISTIAN ACADEMY

## Distance Learning Parent Agreement

### **I/We have read, understand, and agree to the following procedures for the Traditional DL program of Hope Christian Academy.**

All written work will be closely supervised, with care being taken to follow the procedures set forth in the “Curriculum Procedures” found in the **Hope Christian Academy** Home Study Handbook.

All tests will be kept in a location unknown by my student. All tests will be administered in my presence, under my supervision, and without assistance. Any math computation will be shown both in the unit and on final tests **Hope Christian Academy** may require a repeat unit if math computation is not shown on the final test or unit. (A calculator will not be allowed without **HCA** authorization. Completed tests will be sent immediately upon completion to the **HCA** office for scoring.

All scoring will be monitored. My student will NOT have free access to answer keys or copy answers from the score key. Answer keys will be locked away when not supervised. Scoring will be defined as marking wrong answers with “Xs”, using a red pen (green pen, if parents score). My student will return to the study area, restudy the material, and find the correct answer.

All Self-Tests will be completed in our presence and will be done without looking back into the lesson material. A 72% score on all Self-Tests must be attained before taking the final test. If my student scores less than 72%, my student shall erase, restudy and/or retake the Self-Test.

We agree that all final tests will be administered the day AFTER a 72% mastery of the Self Test is achieved.

Our goal will be to complete a minimum of 40 UNITS/LIFEPACs during the nine-month school term (September-June). We understand that completion of the minimum may not be sufficient to meet graduation requirements within four years and serves only as a minimum goal. If the required number is not completed during the allotted time (approximately 180 days), my student shall work during the Summer Quarter.

### **I/We agree to the following statements for the Traditional and On-Line DL Programs:**

It is understood that tuition covers enrollment for 180 days, or the specified Units/LIFEPACs as listed in the Financial Agreement.

**Hope Christian Academy** will minimally grant credit in one-half credit increments. High school credit will not be given in any courses in which **Hope Christian Academy** has determined that cheating has occurred, or in cases of excessive scoring violations, or evident lack of parent supervision, i.e., lack of parents’ initials. **Hope Christian Academy** will not accept transfer credit for “D” grades.

We, as parents in the **Hope Christian Academy On-Line**, will secure Teacher Application with a private User Name and Password and will change the Password frequently.

We understand that **Hope Christian Academy** is a home school program because the primary instruction occurs in the home with the parent as supervisor; therefore, individual State laws will apply. We agree to comply with the home school laws presiding in our State.

We understand the acceptance of high school credit is always the decision of the receiving school. Transfer of credit to all public or private schools can not be guaranteed.

Up-to-date Achievement Test results will be submitted for my student upon enrollment with **Hope Christian Academy** and each year thereafter by the date specified by the School.

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Father's Signature

Date

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Mother's Signature

Date

# STUDENT RECORD RELEASE

To Releasing School Counselor:

\_\_\_\_\_ Date

\_\_\_\_\_ School Name

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following school: Thank you.

## Accepting School

**Hope Christian Academy**  
**3514 Autumn Walk Dr.**  
**Riverside, CA 92503**

Students' Names  
(Last name first)

Age

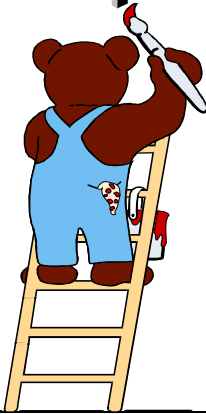
Grade Level at Time  
of Withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Signature of Requesting Parent

\_\_\_\_\_ Signature of Receiving Principal

# Hope Christian Academy Calendar of Events 2006-2007



2006	EVENTS
September 5	First Day of suggested 180 day school year.
November 06	End of suggested 1 <sup>st</sup> quarter – Send quarterly reports, etc.
November 11	Veterans Day
November 23-24	Thanksgiving School holidays – HCA office closed
December 25=January 1	Christmas Break – HCA Offices closed
<b>2007</b>	
January 15	MLK Jr. Day – Suggested school holiday
January 22	End of 1 <sup>st</sup> semester & 2 <sup>nd</sup> quarter send quarterly reports, etc
February 19	President's Day School holiday HCA Office closed.
March 26	End of suggested 3 <sup>rd</sup> quarter send quarterly reports, etc
April 6 – 13	Spring Break
May 25	Reporting deadline for graduating 8 <sup>th</sup> graders & Seniors
May 28	Memorial Day – School holiday – HCA office closed
May 30	End of suggested 180 day school year- send reports etc..
June 8	Possible 2006-07 Graduation Ceremony
July 4	Independence Day – HCA Office closed
August 31	Last Day work will be accepted for 2006-07 school year