



STUDENT APPLICATION

790 Hawthorne Road – P.O. Box 801
Chester, South Carolina 29706
Phone: 803-377-8235
Michelle D. Cassady, Administrator
James M. Sanders, Pastor
www.chesterfirstfwb.com

ADMISSIONS POLICIES

1. Hawthorne Christian Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Hawthorne Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.
2. For K3, K4, K5, and 1st Grade, a child must be of age before September 2nd.
3. For grades 6-12, a student must be active in an evangelical Christian church, have a personal relationship with Jesus Christ, and receive the recommendation of his/her pastor.
4. Students must apply, be accepted, register, and pay fees and one month's tuition to be admitted to class.
5. No student will be admitted during the school year who has been suspended, expelled, or has a pending disciplinary matter at another school.
6. No student will be admitted at the beginning of the school year that was suspended or expelled at the end of the previous year.
7. Hawthorne Christian Academy is not equipped to accommodate students with severe learning or physical disabilities.

PROCEDURE TO APPLY

1. Secure, complete, and submit an application. This may be handled by mail.
2. Pay registration fee. This must be paid before application can be considered and should accompany application.
3. Provide letters of recommendation:
 - a. K3 – 5th Grade: One from parent(s) and one from pastor.
 - b. 6th – 12th Grade: One from parent(s), one from pastor, and one from former teacher/principal.
4. Come for interview if one is requested.
5. Parent or guardian will be notified if student is accepted.
6. If application is declined, registration fee will be refunded.

GRADES 2 – 12 PLACEMENT

Students in grades 2 - 12 must score above the 33rd percentile on a nationally standardized test such as the Stanford, Metropolitan, etc. to be admitted to the next higher grade at HCA. Students who did not take a nationally standardized test will be given a placement test. The cost is \$25.00.

HCA will secure the records of students registering before August 1st. Parents should be aware that it may take two or three weeks to get these and have them evaluated. Students registering August 1st or later should secure their records from their previous school and submit them when registering.

STUDENT DATA

Student's Name: _____ Sex: _____ Birthdate: _____
Social Security Number: _____ Place of Birth: _____
Applying for Half Day: K-3 _____ K-4 _____
Full Day: K-3 _____ K-4 _____ K-5 _____ Grade: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____
Last School Attended: _____ Grade: _____
School's Address: _____
Any Physical Disabilities? _____
Any Learning Disabilities? _____
Any suspensions or expulsions from any school last year or this year? _____
If "yes", explain _____

Complete the following only if applying to transfer during school year.

Please indicate reason you wish to make this transfer now: Family relocating to Chester area _____;
Poor grades _____; Desire for better environment _____; Desire for Christian training _____;
Problems at present school _____ (please note that HCA will not admit any student during the school
year who has been suspended or is expelled or has a pending disciplinary matter);
Other: _____; Explain: _____

FAMILY DATA

Father: _____ Does child live with father? _____
Address: _____ Phone: _____
Employer: _____ Phone: _____
Mother: _____ Does child live with mother? _____
Address: _____ Phone: _____
Employer: _____ Phone: _____
Guardian: _____ Does child live with guardian? _____
Address: _____ Phone: _____
Employer: _____ Phone: _____
Number of children in family _____ Ages: _____ Boys: _____ Girls: _____
DOES FAMILY ATTEND CHURCH REGULARLY? NO _____ YES _____
If "yes", Church Name: _____
Pastor's Name: _____ Phone: _____
Pastor's Address: _____

EMERGENCY DATA

In case of accident or serious illness, the school will attempt to contact a parent or guardian. If the school is unable to reach a parent or guardian, the school is hereby authorized to call the physician indicated below and to follow his instructions. If no physician is listed or if it is impossible to contact their physician, the school is authorized to make whatever arrangements seem necessary.

List of medications student is allergic to: _____
Give any medical information that may be needed: _____
Physician's Name: _____ Phone: _____
Physician's Address: _____

List 2 neighbors or nearby relatives who will assume temporary care of your child, if you cannot be reached.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

GENERAL DATA

How did you first learn about HCA? From People _____ Phone Directory _____ Saw School _____ Advertisements _____ (please specify) _____

PLEASE READ ALL OF THE FOLLOWING FIRST. Then check the two or three that influenced you the most to apply.

School's Reputation _____ Desire for Christian Education _____ Desire for good environment _____

Desire for better grades _____ Recommendation of a Friend _____ Desire for a Quality Education _____

Interview with Administrator _____ Tour of school _____

Other: _____

IN YOUR WORDS, tell us what you want HCA to do for you and your child: _____

AGREEMENT

In submitting this application, I agree to the following:

1. **The school has full discretion in the discipline of my child according to Bible standards. This may include paddling when proper notification is sent home afterwards. Proverbs 22:6, 15**
2. The school has full discretion for the grade placement of my child.
3. I give my child permission to take part in all school activities including sports and field trips. I will not hold the school liable to me or my child for any injury to my child at school or during any school activity.
4. I understand that the primary reason for **Hawthorne Christian Academy** is to provide my child a Christ centered, quality education. I am supportive of this purpose.
5. **I understand that the cost to educate my child far exceeds what I will pay. Therefore, I agree to cooperate with school fundraising efforts by helping and encouraging my child with them. If I choose for my child not to participate, I will send the school a donation that will approximate what the average child that participates will raise.**
6. I will provide the school with copies of my child's immunization record and birth certificate in or before the opening day of school or within ten days of submitting this application.
7. I agree that the registration fee, book costs, and related fees are non-refundable and that I will owe tuition for the weeks of attendance.
8. If a dispute over this agreement or any claim for damages arises, the student and his parents and/or guardians agree to resolve the matter solely through a mutually acceptable arbitration process.

SIGNATURES

Father: _____ Date: _____

Mother: _____ Date: _____

Guardian: _____ Date: _____

Guardian: _____ Date: _____

Do Not Write Below This Line-For Office Use Only

Date received: _____ Application fee paid \$ _____; Application accepted: _____; Date Acceptance Sent: _____;

Registration fee paid \$ _____, ____/____/____; Date records requested: _____

Other: _____