



**MOUNT HOPE  
CHRISTIAN ACADEMY**

## K – 12TH Grade Student Application

P.O. Box 487  
Beckley WV, 25802  
(304) 252-5550 Office

### 2018-2019

Mt. Hope Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or make available at the school. Mt. Hope Christian Academy does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of educational policies, athletics, admissions procedures, and other school-administered programs.

# Admission Requirements – Check List

The following information is necessary when applying for admission to Mt. Hope Christian Academy (MHCA). Please provide only the information that applies to the grade your child is entering. Registration for the 2017-2018 school year begins in February for new students entering Kindergarten-12th grade.

## Kindergarten

**Interviews cannot be scheduled unless the following documents have been provided.**

- A completed and signed application
- Parent Questionnaire
- Schedule an interview with the administration

**The following documents must be submitted at the time of the interview. Should there be any missing documents, the interview will be rescheduled.**

- A copy of Birth Certificate
- A copy of current immunization record
- A copy of Social Security card
- Pastoral Recommendation Form
- \$300 Registration Fee

**The following must be submitted and completed by July 1st.**

- \$200 Technology and Curriculum Fee
- Completion of Online Gradelink tuition management system

## 1st – 12th Grade

**Interviews cannot be scheduled unless the following documents have been provided.**

- A completed and signed application
- Parent Questionnaire
- Student Questionnaire (6th-12th grade only)
- Most recent transcript/report card
- Schedule an interview with the Administration (6th-12th grade students must be present during the interview)

**The following documents must be submitted at the time of the interview. Should there be any missing documents, the interview will be rescheduled.**

- A copy of Birth Certificate
- A copy of current immunization record
- A copy of Social Security card
- Pastoral Recommendation Form
- Entrance Testing Fee (if applicable)
- \$300 Registration Fee

**The following must be submitted and completed by July 1st.**

- \$200 (1st – 12<sup>th</sup>) Technology and Curriculum Fee
- Completion of Online Gradelink tuition management system

ACCEPTANCE OF ANY STUDENT IS CONTINGENT UPON RECEIPT OF “OFFICIAL” SCHOOL RECORDS, AS WELL AS THE EVALUATION OF THE ABOVE DOCUMENTS.

Students are admitted on an individual basis following an interview with the student and parents. During the interview, school policies, curriculum, academics, and behavioral guidelines are explained, and a commitment to conform to these policies and requirements is a prerequisite for admission.

Mt. Hope Christian Academy provides all rights and privileges to all students in all programs, and activities, and does not discriminate on the basis of race, sex, or national origin.

# New Student Application For MHCA

<b>For Office Use Only:</b> Date: _____	Applicant Number: _____ Reg. Fee Paid \$ _____	Administrative Acceptance: <input type="checkbox"/> Administrative Denial: <input type="checkbox"/>
<b>Student Information</b>		

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security: \_\_\_\_-\_\_\_\_-\_\_\_\_ Male Female  
Mon Day Year

Current Grade \_\_\_\_\_ Grade Applying for \_\_\_\_\_ Primary Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cell Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Student's Email: \_\_\_\_\_

Ethnicity:  White  Asian  African American  Hispanic/Latino  American Indian  Other: \_\_\_\_\_

## Family Information

Student lives with:  Father  Mother  Stepfather  Stepmother  Father deceased  Mother deceased

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents:  Married  Single  Divorced  Widowed

Mother/Guardian _____	Father/Guardian _____
Address _____	Address _____
Home Ph# (____) _____	Home Ph# (____) _____
Cell Ph# (____) _____	Cell Ph# (____) _____
Email _____	Email _____
Occupation/Title _____	Occupation/Title _____
Employer _____	Employer _____
Work Ph# (____) _____	Work Ph# (____) _____
Soc. Sec. # _____	Soc. Sec. # _____
DL# _____	DL# _____

Is the mother a Christian?  Yes  No Is the father a Christian?  Yes  No

Siblings also registering for Mt. Hope Christian Academy:

Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____

Siblings who are not enrolling here for this year:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Previous Schooling Information

Christian     Private     Public     Homeschool

Grades Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this the first time your child has attended any school including homeschool?  Yes  No

Has your child received testing/counseling by a psychologist, psychiatrist, or family counselor?  Yes  No

If yes, explain: \_\_\_\_\_

Has your child ever been diagnosed or in a program for a learning disability?  Yes  No

If yes, explain: \_\_\_\_\_

Has your child ever been bilingual, ESL, or LEP program?  Yes  No

If yes, explain: \_\_\_\_\_

Has your child ever been in a 504 or IEP program (Individual Education Plan) with or without ARD (Admissions, Review, and Dismissal)?  Yes  No

If yes, explain: \_\_\_\_\_

Has your child ever been diagnosed with ADD or ADHD?  Yes  No

If yes, explain: \_\_\_\_\_

Does your child take any medication for ADD or ADHD?  Yes  No

If yes, name of medication: \_\_\_\_\_

### Emergency Contacts

The following people are authorized to pick my child up in the event that I am unable to:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Or may we release your child to any school family member?  Yes  No

Identification must be presented at the time of check out.

We know that in certain situations you may have people that you **do not** allow to visit your child. Please list them below:

Name \_\_\_\_\_

## Worship Information

Church family attends \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Denomination: \_\_\_\_\_

How often do you attend: \_\_\_\_\_ Are you a member:  Yes  No

Has the student been baptized?  Yes  No

Has the student had a salvation experience?  Yes  No

## Medical Information (Confidential)

Family Doctor: \_\_\_\_\_ Main #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email (optional) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Main #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email (optional) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ No insurance

Insurance Policy #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Any physical difficulties:

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

Allergies/Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_ Does your

child take any medication(s) on a regular basis?  Yes  No

If yes, name of medicine:

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

Will your child have to be given medication during school hours?  Yes  No

Is child's immunization current?  Yes  No (All students must provide a copy of their current immunization record)

**I realize that MHCA does not provide student insurance; therefore, I am responsible to provide accident insurance for my child if I so desire. I do not hold MHCA or any individual liable for injury or death of my child sustained at school or on any school related outing or function. This will apply not only to school staff, but also to any other sponsor involved with my child.**

**I give MHCA permission to transport my child to the nearest medical facility in the event of an emergency.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Church family attends \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Denomination: \_\_\_\_\_

\_\_\_\_\_

How often do you attend: \_\_\_\_\_  
Has the student been baptized?  Yes  No  
No

Are you a member:  Yes  No  
Has the student had a salvation experience?  Yes  No

I authorize Mt. Hope Christian Academy, or anyone authorized by MHCA, to use and reproduce any and all

**Photographic Release**

audio, video, and photographs which MHCA takes of my children or any family members produced for school literature and website, advertisements and promotional purposes, without further compensation. This includes the school yearbook. All copies, masters, negatives, and positives, together with the release dubs and proofs, shall constitute MHCA property, solely and completely.  Yes  No

**Statement of Faith**

Mt. Hope Christian Academy accepts the bible as the revealed will of God, as the all-sufficient rule of faith and practice, and for the purpose of fulfilling God's mission.

**Student/Parent Pledge of Excellence and Acceptance**

I will pray earnestly for Mt. Hope Christian Academy.

I will faithfully attend a Bible-believing Christian church realizing that scripture guides us in this very matter: *"not forsaking our own assembling together, as is the habit of some, but encouraging one another; and all the more as you see the day drawing near."* (Hebrews 10:25).

I will cooperate fully in the educational functions of MHCA, faithfully attending the parent meetings, and corresponding quickly to requests from teachers for conference.

I understand that my child will be taught Christianity as defined in the MHCA Statement of Faith. *"Train up a child in the way he should go, Even when he is old he will not depart from it."* (Proverbs 22:6).

I will pay all of my financial obligations and understand that no progress reports, report cards, transcripts, or other such services will be provided unless all tuition and fees are current. I also understand that dismissal from school will occur if financial obligations are not met.

If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved, rather than begin to spread criticism, listen to criticism, or hold a negative attitude in my heart. *"If your brother sins, go and show him his fault in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that BY THE MOUTH OF TWO OR THREE WITNESSES EVERY FACT MAY BE CONFIRMED. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector."* (Matthew 18:15-17).

I pledge that, if for any reason, my child does not respond favorably to the school, I will not try to change the school to fit his needs, but will withdraw him quietly and without delay. (Six weeks are adequate for most students. The one who has not adjusted by the end of nine weeks should be withdrawn.)

I will seek for the excellence and advancement of MHCA in all areas, spiritually, academically, and physically.

I will abide by all the rules of classroom behavior and school standards as stated in MHCA Student/Parent Handbook.

I hereby invest authority in Mt. Hope Christian Academy to discipline my child as necessary. I further agree that I will cooperate and discipline my child in the home as needed.

## Agreement of Enrollment

The student will show respect for those in authority over them, even when he/she disagrees with the authority. *Obey your leaders and submit to them, for they keep watch over your souls as those who will give an account. Let them do this with joy and not with grief, for this would be unprofitable for you (Hebrews 13:17).*

**To complete the admissions process, I agree to provide the following for my child:**

- ❖ Birth Certificate
- ❖ Social Security Card
- ❖ Updated Immunization Records
- ❖ Most recent transcript/report card
- ❖ Registration Fee
- ❖ Technology Fee
- ❖ Completed Application with signatures
- ❖ Pastoral Recommendation Form
- ❖ Parent Questionnaire
- ❖ Student Questionnaire (6th-12th grade only)

**I agree and will comply with Federal law, that no information shall be released to anyone other than the parent or legal guardian, unless otherwise authorized by law except with written direction by the student and with consent of a parent or legal guardian.** *Every person is to be in subjection to the governing authorities. For there is no authority except from God, and those which exist are established by God (Romans 13:1).*

**I agree to pay registration and technology fees, and pay full tuition or make payment arrangements through Gradelink by July 1, 2017. The financial commitment I make to MHCA represents an investment in my child's education and development of faith. By signing this application, I understand that I am making a financial binding agreement to pay all obligations on time.** *It is better that you should not vow than that you should vow and not pay (Ecclesiastes 5:5).*

**I understand that my child and I are bound by the rules and regulations of MHCA and a violation of such will result in a review of possible suspension or dismissal. I realize that attending MHCA is a privilege and not a right. It is my intention to abide by the decision and support the discipline of the administration.** *Obey your leaders and submit to them, for they keep watch over your souls as those who will give an account. Let them do this with joy and not with grief, for this would be unprofitable for you (Hebrews 13:17).*

**I uphold that I am a Christian parent who desires a Christian education for my child/children. I also uphold that I attend a biblically-based church. I understand that from time to time, MHCA will contact a family's church pastor to verify their membership and attendance.**

**By signing below, I agree to fully and faithfully comply with the guidelines and policy contained in MHCA's Student/Parent Handbook and Application Package which includes the following: Medical Liability Clause, Insurance Clause, Transportation of Child Clause, Statement of Faith, Student/Parent Pledge of Excellence, and Agreement of Enrollment.**

**Once accepted by MHCA, this constitutes a binding contract.**

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**Father/Guardian Print Name**

**Signature**

**Date**

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**Mother/Guardian Print Name**

**Signature**

**Date**

## Parent Questionnaire

(Only one parent will need to fill out the parent questionnaire.)

Student Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

1. What phrases come to mind when describing your child?

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2. Please describe your child's greatest strengths, both cognitive (intellectual) and social.

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3. Please describe any behavior, social and/or cognitive special needs of your child that Mt. Hope Christian Academy should be aware.

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4. Has your child been enrolled in a special needs program?  Yes  No

5. Has your child ever been suspended from school or subject to any other serious disciplinary actions?  Yes  No If yes, please explain:

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6. Does your family attend I Heart Church? If yes, please describe your family's involvement. If no, give the name of the church in which you attend, and describe your family's involvement.  
 Yes  No

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7. Please share any major events that have occurred during your child's life that Mt. Hope Christian Academy should be aware. (relocation, death in family, major illness, divorce, etc.)

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Please use this space for any other information you wish to share about your child.

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**K Questionnaire (please complete if your child is entering Kindergarten)**

**Please answer yes or not to the following questions**

- Follows Directions? \_\_\_\_\_ Is imaginative? \_\_\_\_\_ Independent? \_\_\_\_\_  
Is cooperative? \_\_\_\_\_ Considerate of others? \_\_\_\_\_ Cries easily, sulks? \_\_\_\_\_  
Excited about school? \_\_\_\_\_ Plays well with others? \_\_\_\_\_
- \_\_\_\_\_ Does your child attend or has ever attended daycare or Mother's Day Out?  
\_\_\_\_\_ Does your child attend children's church?  
\_\_\_\_\_ Does your child know their colors?  
\_\_\_\_\_ Does your child know how to count numbers?  
\_\_\_\_\_ Can your child say A,B,C's?  
\_\_\_\_\_ Does your child recognize their name when written?  
\_\_\_\_\_ Does your child participate in any extra-curricular activities?  
\_\_\_\_\_ Are you concerned with your child's speech?

**Please describe any medical problem your child may have:**

- Attention \_\_\_\_\_  
Hearing \_\_\_\_\_  
Vision \_\_\_\_\_  
Speech \_\_\_\_\_  
Physical Handicap \_\_\_\_\_

Anxieties  
Serious Injuries  
Bladder/Bowel  
Hyperactivity

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# Student Questionnaire

6<sup>th</sup> – 12<sup>th</sup> Grade Students Only

Student Name \_\_\_\_\_

1. Who is Jesus?

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2. What is a Christian?

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3. Are you a Christian? Please explain.

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4. Please explain your reason for seeking admittance to Mt. Hope Christian Academy.

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5. How would you describe yourself?

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6. List school activities in which you have been involved.

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7. List school activities in which you would be interested in at Mt. Hope Christian Academy.

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8. What hobbies and/or activities do you enjoy outside of school?

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9. Please write a well-constructed paragraph answering the following: Describe your dream day. Where would you go? What would you do? With whom would you spend your day?

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# MOUNT HOPE CHRISTIAN ACADEMY

## Pastoral Recommendation Form

(This form must be completed by all returning and new students each year and returned to Mt. Hope Christian Academy)

Name of Family: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_ Entering Grade(s) \_\_\_\_\_

Dear Pastor,

In order to enroll at Mt. Hope Christian Academy, each family must have their pastor, bishop, or priest complete the following questions. It is required that all students and parents attend a Bible-believing church. It is our desire to educate the entire student – Spirit, Mind, and Body.

The family listed above has applied for admission to Mt. Hope Christian Academy. MHCA exists as an extension of the discipleship and training program of the family’s home. It is necessary that we receive support and assistance from the home and local church to effectively minister to the students and their families.

Thank you for taking the time to answer the following questions concerning this family. Please complete the information below and return it to Mt. Hope Christian Academy. Our mailing address is, P.O. Box 487 Beckley, WV 25880. If you have any questions, please call us at (304) 252-5550.

Thank you,  
Adam Shuemake, Headmaster

- Is the family faithful in attendance to your local church? \_\_\_\_\_
- The length of time this family has been attending your church? \_\_\_\_\_
- Is this family currently seeking membership at your church? \_\_\_\_\_
- Is this family in harmony with the leadership of your church? \_\_\_\_\_
- Can you recommend this family as a member of MHCA? \_\_\_\_\_
- Describe the spiritual commitment of the student and family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Pastor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Phone #

