



**Homeschool Christian Academy**  
**New Family Application**  
**2024-2025**

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child(ren) Names: \_\_\_\_\_

Children Live with: \_\_\_\_\_

Home Church: \_\_\_\_\_

How many years have you attended? \_\_\_\_\_

Parent Christian Testimony:

Child's Previous School Attended: \_\_\_\_\_

Any Behavioral Concerns? \_\_\_\_\_

Student learning issues or strengths? If so, please explain in detail:

Does your child have any special medical circumstances or allergies that we should be aware of? \*Please note, HCA cannot administer medication, manage health issues, or provide an allergen free

References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any questions or concerns that you would like to discuss with a member of the admin

Thank you for your application! We will be in touch shortly!

-HCA Administrative Team

*Continued on reverse side*