



Homeschool Christian Academy
New Family Application
2026-2027

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 environment.

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 team?

What skills or talents do you have that would be a blessing to HCA?

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

-HCA Administrative Team