



Holden Beach Christian Academy

A Ministry of Bible Baptist Church

Church: (910) 842-7822
Fax: (910) 842-7821
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2428 Seashore Rd Supply, NC 28462

HBCA Enrollment Application

Please Check One Box New Student Re-Enrolling Student

STUDENT INFORMATION *(Please give legal name of student)*

Gender: Male Female

Last Name _____ First _____ Middle _____

Preferred Name: _____ Birthdate: _____ Age: _____ Home Phone: _____

Address: _____
Street City State Zip Code

Grade To Enter: _____ Will you be enrolling any other children into HBCA? Yes No If Yes, How Many? _____

FAMILY INFORMATION

FATHER'S NAME: _____ Living With Family? Yes No

Are you a member of Bible Baptist Church? Yes No

Address: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Yes No

MOTHER'S NAME: _____ Living With Family? Yes No

Are you a member of Bible Baptist Church?

Address: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

GUARDIAN(S): _____ Relationship: _____

Address: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

PARENTS' MARITAL STATUS: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Who has legal custody of this child? _____

ACADEMIC BACKGROUND *(List schools previously attended by applicant:)*

School Name, Address, and Phone	Date(s)	Grade Levels

Reason(s) for leaving Previous School(s) _____

PERSONAL ACADEMIC INFORMATION

Has the student failed ANY grades? Yes No If Yes, Which Grade(s): _____

Was the student absent more than 10 days during the most recent school term? Yes No If Yes, Please Explain:

Has this student experienced academic, social, or disciplinary problems during his/her school career? Yes No
If Yes, identify the areas and explain: _____

Has he/she been expelled or given an in-school or out-of-school suspension during his/her school career? Yes No
If Yes, please explain: _____

Has he/she been recommended for testing or diagnosed as having a learning disability or any condition that would affect educational performance? Yes No If Yes, please explain: _____

Has your child experienced a traumatic event that could affect his/her behavior or academic performance? Yes No
If Yes, Please explain: _____

Is this student currently taking any prescription medication to aid behavior or educational performance? Yes No
If Yes, Please Identify Medication and Explain: _____

GENERAL INFORMATION

Why do you want your child to attend Holden Beach Christian Academy? _____

Briefly state your philosophy on child discipline: _____

Your Family's Church: _____ Pastor: _____

Church Contact Number: _____ Do you attend church on a regular basis? Yes No

Are you active members of this church? Yes No

Are you a Christian? If yes, on what do you base your answer?

Father/Guardian: Yes No Basis: _____

Mother/Guardian: Yes No Basis: _____

REFERENCE

Friend or Associate (not a relative) who knows you well.

Name	Address	Phone
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We appreciate your consideration of Holden Beach Christian Academy. Please sign below and return to the school office. Your application will be reviewed, and you will be contacted by phone or letter regarding the status of your child's admission.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Parent or Guardian

Date