

K-12th
APPLICATION FOR ADMISSION / MEMBERSHIP
HALIFAX ACADEMY, A CHRISTIAN SCHOOL, INC.

FOR OFFICE USE ONLY

Name _____

Date Received _____

_____ Paid Membership
or Prior Member

_____ Contract

_____ Grades

_____ LOR

Through our admissions process, we hope to get to know your family as best we can and we want you to get to know Halifax Academy. Halifax Academy seeks students who have academic potential and a desire to function at their highest personal level and who will contribute in their own way to the excellence and diversity of the Academy.

Halifax Academy, A Christian School, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Admission is based on the following criteria:

- 1) Academic qualification.
- 2) Attitude of parents.
- 3) Character and deportment of applicant.
- 4) Health and general physical condition of applicant.
- 5) Declared intention to continue applicant at the school.
- 6) Date of application

Application Procedure

- The application should be completed and returned as early as possible prior to the desired year of enrollment.
- A \$ 650 membership fee must accompany the first child's application (*The membership fee is per family, not per child*). This is a one time fee and will be refunded if the student is not accepted. If the applicant is accepted, the membership fee becomes non-refundable.
- A copy of the student's transcript with standardized test scores from his/her present school must be attached to the application.
- Letter of Recommendation from principal or school.
- The completed application form should be returned to the Academy office.

Rising Grade _____

Entering Session _____

(year)

(year)

APPLICANT INFORMATION

Date _____

Applicant's
Name _____

First

Middle

Last

Prefers to be called _____

Mailing Address _____

Street

City

State

Zip

Home Phone _____

Date of Birth _____

Month Day Year

Social Security Number _____

Female _____

Male _____

FAMILY INFORMATION

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Social Security # of Parent _____

Social Security # of Parent _____

Email Address _____

Email Address _____

Student lives with (check all that apply):

Father Stepfather or Other

Mother Stepmother _____

Check any that apply:

Father is deceased

Mother is deceased

Parents are separated

Parents are married

Parents are divorced

Father has custody

Mother has custody

Joint custody

Number of children who attend Halifax Academy and the grade they will attend _____

Name of student's physician: _____ Phone: _____

List any medical problems below: _____

A place will not be reserved for a student until the registration fee is paid.

Present School _____ Present Grade _____

School Address _____

School Principal _____ School Phone _____

Hobbies, activities, special interests, and awards in school or community.

If ever accelerated or held back in school, please describe the circumstances.

Have you ever been denied enrollment or asked to leave a school?
Please explain. _____

Has the student ever been suspended or expelled? _____ Please explain. _____

Has the student been enrolled in any programs for exceptional needs or abilities?
Describe _____

Does the student have any physical, emotional, or learning handicaps which require special services or facilities? _____ Please explain. _____

Has the student had a problem related to alcohol or drugs? _____
Please explain. _____

Are there any special circumstances that you would like Halifax Academy to be aware of? _____

Why are the parents seeking admission to Halifax Academy for their child?

How do the parents expect to participate in school life? _____

What are your educational goals for your child? _____

Has the student ever attended Halifax Academy? _____ When? _____

Is any family member a graduate of Halifax Academy? Name: _____ Year _____

Name: _____ Year: _____ Name: _____ Year _____

We became interested in Halifax Academy through _____

REFERENCES

Two references are required. One must be an existing member of the school.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

This is to certify that the information I provided is true and correct to the best of my knowledge and I understand that any disclosure of false information may constitute denial of admission and/or dismissal.

Signed _____ Date: _____
Parent/Guardian

Signed _____ Date: _____
Parent/Guardian

Signed _____ Date: _____
Applicant (Grades 6-12)

I grant Halifax Academy the right to take photographs of my child in connection with school events. I authorize Halifax Academy to copyright, use, and publish the same in print and/or electronic form. I agree that Halifax Academy may use such photographs of my child with or without my name and for any lawful purpose, including, but not limited to publicity, illustration, advertising, and web content.

Signed _____ Date: _____
Parent/Guardian

FOR ENROLLMENT COMMITTEE

Approved _____ Date _____ or Denied _____ Date _____

Signature of Head of School