

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

**FOR OFFICE USE ONLY**

Name \_\_\_\_\_

Date Received \_\_\_\_\_

- Paid Membership or
  - Prior Member
- Contract
- Report Card
  - High School Transcript
- 2 Recommendation Forms
- Birth Certificate
- Immunization Records

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 of 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 the 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 \$750.00 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 last end of year report card and most recent report card from his/her present school must be attached to the application. Transcripts are required for high school students. Complete school records will be requested from the school upon approval.
- The completed enclosed recommendation form for each student must accompany the application.
- A copy of your child's official birth certificate and updated immunization records are required.
- The completed application form should be returned to the Academy front office.

Rising Grade \_\_\_\_\_

Entering Session \_\_\_\_\_ - \_\_\_\_\_  
(year) (year)

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
First Middle Last Prefers to be called

Mailing Address \_\_\_\_\_  
Street or P. O. Box City State Zip

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Female \_\_\_\_\_ Male \_\_\_\_\_ Race \_\_\_\_\_

**FAMILY INFORMATION**

Please list the parent(s)/stepparent(s) financially responsible.

\_\_\_\_ Father \_\_\_\_\_ Mother  
\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother  
\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Student lives with (check all that apply): \_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Other \_\_\_\_\_

Check all that apply: \_\_\_\_\_ Parents are married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Mother is deceased \_\_\_\_\_ Father is deceased

If parents are separated or divorced, please check one \_\_\_\_\_ Father has custody \_\_\_\_\_ Mother has custody \_\_\_\_\_ Joint custody

Number of children who attend HA and the grade they will attend \_\_\_\_\_

Name of student's physician \_\_\_\_\_ Phone \_\_\_\_\_

List any medical problems \_\_\_\_\_  
\_\_\_\_\_

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 student ever been suspended or expelled? \_\_\_\_\_ Please explain. \_\_\_\_\_

\_\_\_\_\_

Has student been enrolled in any programs for exceptional needs or abilities? \_\_\_\_\_

Please 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.

Upon acceptance to Halifax Academy, the student's complete school record will be requested and a birth certificate and updated immunization record will be required to begin school.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

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**FOR ENROLLMENT COMMITTEE**

Approved \_\_\_\_\_ Date \_\_\_\_\_ or Denied \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of School