



Application for Admission

☐ Campus
☐ Hybrid

Date received _____
App Fee _____

THE FOLLOWING SHOULD BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

Please see the Tuition & Fee Schedule included in this packet for the amount of the application fee that is required with this application.

FAMILY INFORMATION

PARENT/GUARDIAN 1 _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____
(include street address, PO Box)

(city, state, and zip code)

Email Address _____

Employer Name _____

Relationship to student _____

Cell Phone _____

Other Phone # (Home/Business) _____

Occupation _____

PARENT/GUARDIAN 2 _____
(First and last name and Mr., Mrs., Ms., Dr., Rev., Other)

Home Address _____
(include street address, PO Box,)

(city, state, and zip code)

Email Address _____

Employer Name _____

Relationship to student _____

Cell Phone _____

Other Phone # (Home/Business) _____

Occupation _____

Parents/Guardians are:

☐ Married ☐ Separated ☐ Divorced ☐ Mother Remarried ☐ Father Remarried ☐ Other _____

Name of birth parent if other than above: _____ Phone Number: _____

Address: _____ Email: _____

Would you like information sent to this individual (e.g. newsletters, report cards, etc.)? ☐ Yes ☐ No

Other school age children living with the family:

Name	Date of Birth (mm/dd/yyyy)	Current Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family attends what church: _____ Do you attend regularly? ☐ Yes ☐ No

How did you hear about Horizon Christian School? _____

GRANDPARENT NAMES _____
(First and last name) (email address)

Home Address _____

GRANDPARENT NAMES _____
(First and last name) (email address)

Home Address _____

Horizon Christian School 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 hiring, administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PARENT STATEMENT

THE FOLLOWING IS TO BE COMPLETED BY THE STUDENT'S / STUDENTS' PARENTS

Student(s) & Grade(s)

Name of Parent/Guardian

How did you become aware of Horizon Christian School?

Why are you seeking to enroll your child/children at Horizon Christian School?

What are the qualities of Horizon that inspire you to want to enroll your student(s) here? How does Horizon meet your criteria for the kind of school you want for your student(s)?

What benefits/outcomes do you hope to experience through your relationship with Horizon Christian School:

Was this application initiated by you or by your student(s)?

Please share your spiritual belief system, including your thoughts regarding Jesus Christ.

Do you attend church regularly? In what church activities does your family participate?

Will you support the expectations for success of our school in regards to academics, spiritual goals, and behavioral standards? ☐ Yes ☐ No

We are delighted you are considering applying for acceptance to Horizon for your student. Prior to filling out the enrollment application or Variable Tuition application we would encourage you to make sure you fully know the mission and vision of Horizon Christian School and have reviewed all the documents included in the registration packet, especially the Parental Admission Agreement you will be required to sign prior to having your student accepted. Horizon will do our part to fully provide you with all the information you may need to understand so that our partnering together will be the best it can be for the success of your student.

STUDENT INFORMATION

In an effort to get to know your student better and to help us make a prayerful and informed decision about the placement of your student(s), we would like you to respond honestly and as fully as you can to the following questions. The information you provide will be kept in strict confidence. We appreciate your time and care.

Student's Name _____

LastFirstMiddleNickname

☐ Male☐ Female

Home Address _____

StreetCityStateZip Code

Date of Birth _____Place of Birth _____Country of Citizenship _____

Student Cell Phone (if applicable) _____Student Email (if applicable) _____

Current Grade _____Grade Applying _____Academic Year Applying _____

Ethnic Background (optional) ☐ African American☐ Caucasian☐ Hispanic☐ Native American☐ Other _____

ACADEMIC INFORMATION

Present School _____

Telephone NumberTeacherGrades Attended

School Address _____

Reason for Change: _____

Type of School ☐ Public☐ Independent Private☐ Private Christian☐ OtherNumber of years attended _____

Has applicant previously been a student at Horizon? ☐ Yes☐ NoHas applicant previously applied for admission to Horizon? ☐ Yes☐ No

Please rate your perception of your child's development in the following areas on a scale of 1—5
1—below grade level2—slightly below3—at grade level4—slightly above5—above grade level
Reading _____Writing _____Math _____Science _____History _____Spelling _____
Interactions w/peers _____Interaction w/adults _____Organization _____

Please explain a 1 or 2 rating: _____

What do you see as your student's academic interests, abilities, and strengths? _____

Please describe your child's social and behavioral history at their previous school, both strengths and weaknesses.

Has this student previously been tested for ☐ speech, ☐ vision or ☐ learning disabilities?

Has this student previously been or is he/she currently receiving services in ☐speech, ☐vision, ☐tutoring or ☐special education?

Has this student ever had an Individual Education Plan (IEP)? ☐ Yes☐ No

If yes, at what age? Where was testing done? (Please provide a copy of the IEP with your application) _____

STUDENT INFORMATION—continued

Has your student ever been suspended or expelled from school? ☐ Yes* ☐ No

Is your student currently seeing a professional counselor? ☐ Yes* ☐ No

Has your student ever been processed for illegal activity (i.e., vandalism, shoplifting, drug/alcohol use, weapon possession)? ☐ Yes* ☐ No

*If yes, please give an explanation of the circumstances. _____

HEALTH QUESTIONNAIRE

The following information will help the school staff understand your student better. Please indicate any areas of concern regarding your student’s health, development, or behavior:

This student has a history of

☐ Hearing problems ☐ Vision problems ☐ Speech difficulties ☐ Diabetes ☐ Asthma ☐ Seizure disorder

☐ Heart problems ☐ Activity restrictions ☐ Allergies ☐ Other _____

Please explain any item checked above or any other chronic medical condition that your student experiences. _____

List any medications that your student uses regularly _____

A COMPLETED CERTIFICATE OF IMMUNIZATION STATUS FORM MUST BE PROVIDED AT THE TIME YOU ENROLL YOUR STUDENT AT HORIZON.

HORIZON CHRISTIAN SCHOOL RELEASE AUTHORIZATION

I/We hereby grant permission for Horizon Christian School to contact current or previous school personnel. ☐ Yes ☐ No

I/We hereby grant permission for Horizon Christian School to take photos of my/our student and to use his/her photo or quotations in school promotional materials. ☐ Yes ☐ No

I/We hereby grant permission for Horizon Christian School to include names (parents and students), addresses, home phone, and e-mail address in a directory for distribution to Horizon families only. ☐ Yes ☐ No

Balance owed at previous school: ☐ Yes ☐ No

ACADEMIC HISTORY — HIGH SCHOOL

THIS SECTION IS TO BE COMPLETED FOR STUDENTS CURRENTLY ENROLLED IN GRADES 9—12

To begin the process of creating an academic schedule for your student prior to receiving your official transcript, please list the classes your student has taken in 9th through current year, including those your student is currently taking.

9th grade classes & grades: _____

10th grade classes & grades: _____

11th grade classes & grades: _____

12th grade classes & grades: _____