



# HARVESTER CHRISTIAN ACADEMY APPLICATION FOR ADMISSION

Office Use Only  
Date Received \_\_\_\_\_  
Fee \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print name exactly as it should appear on permanent records.)

Preferred Name \_\_\_\_\_  Male  Female Applicant's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt# City County State Zip

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Student's email \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ GA Resident? \_\_\_\_\_ How Long? \_\_\_\_\_ US Citizen Y/N

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_ During School Year \_\_\_\_\_ - \_\_\_\_\_

**Father or Male Guardian**  
Name (Dr./Mr./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Mother or Female Guardian**  
Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Check any that apply**  Father Deceased  Mother Deceased  Parents Separated  Parents Divorced

Student lives with?  Father and Mother  Father  Mother  Guardian  Stepfather  Stepmother  Other

Who should receive mail?  Father  Mother  Guardian  Other

Who has legal custody?  Father  Mother  Guardian  Other

Who is financially responsible?  Father  Mother  Guardian  Other

Present School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Public  Parochial  Private Day  Private Boarding

Has applicant repeated any grade?  Yes  No    Received special education services?  Yes  No  
 Had an I.E.P.?  Yes  No

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action?  Yes  No  
 If yes, please explain.

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Is there any medical or other reason the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?  Yes  No  
 If yes, please explain.

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Are there any specific factors or conditions (including any special medications or allergies) affecting your child about which the school needs to be informed?  Yes  No  
 If yes, please explain.

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As an independent school, HCA is not under obligation to accommodate state or federal education plans.

How did you hear about Harvester Christian Academy? Please give names where possible.

- Alumnus \_\_\_\_\_       Minister \_\_\_\_\_       Guidance Counselor or Teacher \_\_\_\_\_  
 Current Student \_\_\_\_\_       Admissions Rep \_\_\_\_\_       Advertisement \_\_\_\_\_  
 Faculty Member \_\_\_\_\_       Website \_\_\_\_\_       Other \_\_\_\_\_

Do you have relatives that currently attend HCA?  Yes  No    If yes, please list names.

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Does the applicant have siblings?  Yes  No    If yes, please complete the following.

Name	Birthday	Grade	School

Key factors influencing your application to Harvester Christian Academy? (Check all that apply.)

- Spiritual       Curriculum       Reputation       Faculty       Class Size       Athletics       Other

If other, please explain.

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Do you consider your home a Christian home?  Yes  No  
 Which best describes your church attendance?  
 Whole Family is Active     Children Attend     Attend Occasionally     Rarely

Place of Worship \_\_\_\_\_ Church Leader \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Testimony of personal Christian experience and faith:

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you anticipate that Harvester will help support what you are trying to achieve at home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the additional offerings at Harvester Christian Academy which are of particular interest to the applicant.

- Athletics \_\_\_\_\_
- Clubs \_\_\_\_\_
- Yearbook       Community Service       Art       Drama       After Care

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In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Harvester Christian Academy. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. Please note on a separate sheet any situations that could influence your child's experience at Harvester. Failure to notify us could result in your child's separation from Harvester Christian Academy. I waive my right to review any information in the admission/application file.

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\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please include:

- Non-refundable \$200.00 application fee
- Authorization to Release Records
- Principal Reference
- Church Leader's Recommendation
- Discipline Record
- Teacher Reference
- Copy of Individualized Educational Plan (I.E.P.)
- Report Cards for past two years
- Standardized test results for past two years

Return to:

Harvester Christian Academy  
Office of Admissions  
4241 Central Church Road  
Douglasville, GA 30135



# PARENT QUESTIONNAIRE

Applicant's Name \_\_\_\_\_

Name Used \_\_\_\_\_ Grade Entering \_\_\_\_\_

**PLEASE TAKE TIME TO THOROUGHLY ANSWER THE FOLLOWING QUESTIONS:**

If you need additional space, please continue your answers on another piece of paper.

1. Why are you considering Harvester Christian Academy?

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2. What are the applicant's greatest academic strengths?

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3. What are the applicant's academic weaknesses?

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4. Why are you interested in a Christ-centered education for your child?

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5. What plans does the applicant have after graduating high school? (Grades 9 – 12 only)

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6. What do you expect from Harvester Christian Academy?

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7. Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate).

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# STUDENT QUESTIONNAIRE

**This questionnaire is to be filled out by the student in his or her own handwriting and without any assistance.**

## PERSONAL

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
Month Day Year Age

1. Why would you like to attend Harvester Christian Academy? \_\_\_\_\_

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2. Describe any creative activities (musical, artistic, literary, dramatic) in which you are involved.

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3. Describe your involvement in athletic activities. \_\_\_\_\_

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## ACADEMIC

1. Have you ever attended a summer school?  Yes  No

If yes, please state the school name and address, the reasons for attending (make-up work, extra work, etc.) and the subjects taken.

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2. Have you ever had private tutoring in any subject?  Yes  No

If yes, in what subjects, for what reasons and for how long?

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8. Are there any family circumstances that might affect the applicant's performance?

Yes  No

If yes, please explain

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9. Please share information to help us understand the applicant's athletic or extracurricular interests, talents and team participation:

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10. Has the applicant ever received special education services or had an Individualized Educational Plan (I.E.P)?

Yes  No

If yes, please explain.

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**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Harvester Christian Academy does not tolerate the use or possession of drugs (including alcohol and tobacco) or drug-related paraphernalia, and may dismiss a student for violation of this policy. Will you support this policy?

Yes  No

2. Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illnesses such as the flu?

Yes  No

**IF YOU ANSWERED NO TO QUESTION 1 OR YES TO QUESTION 2, PLEASE EXPLAIN.**

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Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission and/or termination of enrollment at Harvester Christian Academy. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as contained in and not limited to the Harvester Christian Academy Parent/Student Handbook. We waive our right to review any information in the application/admission file.

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Custodial Parent's Signature Date

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Custodial Parent's Signature Date

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Legal Guardian's Signature Date