

Church "Nadezhda"
1350 North Lucus Road
Wasilla, AK 99654

HOPE CHRISTIAN ACADEMY

Therefore put on the full armor of God...Ephesians 6:13-17

Application for Admission

*Church "Nadezhda"
1350 North Lucus Road
Wasilla, AK 99654*

The registration fee for our "Nadezhda" church members is \$100 For first 2

The deadline for registrations will be July 15, 20__.

After deadline the registration fee will be \$150.

For non- members the registration fee is \$200

Section 1: STUDENTS PERSONAL DETAILS

Last, First and Middle Name:	
Date of Birth:	
Place of Birth:	
Languages Spoken:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

List name(s) of school(s) attended in the past and dates of attendance:

Name of School:	City/State	Attended From:	Attended To:
EX: Alpha &Omega	ATL, GA	Sept. 2000	May. 2006

Grade in which admission is sought: _____

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problem requiring special attention:

What is your reason for Applying?

Section 4: PARENT / GUARDIAN INFORMATION

Father's Full Name:	
Date of Birth:	
Church of attendance:	
Pastor's Name & Number:	
Father's Occupation:	
Fathers Home #	
Father's Cell #	
E-mail:	

Mother's Full Name:	
Date of Birth:	
Church of attendance:	
Pastor's Name & Number:	
Mother's Occupation:	
Mothers Home #	
Mother's Cell #	
E-mail:	

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I Have understood and agree to abide by all academy rules including academy discipline, attendance and tuition fee payments. I also acknowledge that while the academy does its best to ensure the safety of each child's life, health and property, the academy cannot be held responsible for any damage to these.

FATHER'S SIGNATURE / DATE

MOTHER'S SIGNATURE / DATE

FOR OFFICE USE ONLY

Form Checked By:	
Registration Fee Paid: Curriculum Fee Paid:	Date _____ Amount _____ Date _____ \$400
Form Of Payment:	<input type="checkbox"/> Check # _____ # _____ # _____ <input type="checkbox"/> Cash
Placement Test Date _____	Math _____ ENG _____ Reading _____ WB _____
Parent Interviewed By: Child Interviewed By:	_____
Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Reason For Rejection:	
Notes:	_____ _____ _____ _____ _____

Signature of Head of School

Date

Signature of Office

Date