



Harvest Christian Academy for the Deaf

1314 Old Three Notch Road

Ringgold, Georgia 30736

TTY/Voice (706) 375-1401

Fax (706) 375-7093

E-mail: hcad@harvestdeaf.org

Website: www.harvestdeaf.org

Harvest Christian Academy for the Deaf admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. Any student is admitted, when all entrance requirements are met.

Application for Admission 2010-2011

PERSONAL INFORMATION:

Child's Name: _____ Social Security Number: _____

Birthdate: _____ Age: _____ Circle sex: Male Female

Place born: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Circle the semester and write the year you plan to enter the child: Fall Spring Year _____

The current or last grade level of your child (I.e., 1st grade, 2nd grade): _____

FAMILY:

Father's Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mother's Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Harvest Christian Academy for the Deaf

Student Health Form

PERSONAL INFORMATION:

Child's Name: _____

Social Security Number: _____

DOCTOR'S EXAMINATION:

Please have a doctor fill out a school physical examination form and bring a copy to the school office to be kept in your child's file. Also, please have your doctor verify that your child has had all required immunizations for childhood diseases. See note at the bottom of this page.

Each child must be given a yearly school physical by your county health department or your private practitioner before entering HCAD, and a copy of the form must be brought to the school office to be kept in the child's school file.

COVERED HEALTH INSURANCE:

If covered, name of insurance company: _____

Policy Number: _____ Group Number: _____

PERSONAL DOCTOR:

Name of child's doctor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CHILDHOOD IMMUNIZATIONS:

Are your child's childhood disease immunizations up-to-date? _____ Yes _____ No

If no, which immunizations does your child need? _____

State Law requires that parents bring a Georgia Department of Human Resources Certificate of Immunization form 3231 and a Georgia Eye, Ear, and Dental screening form 3300 to the school office. Georgia state law requires a current and updated copy of both forms be kept in your child's school file. Please contact your county health department or your private practitioner for these forms.

HEALTH AND CONSENT FOR TREATMENT FORM

How is your child's general health? ____ Good ____ Fair ____ Poor

Does your child have any physical limitations or medicine we should know about? Yes No

If yes, please explain the limitations or medicines for the child: _____

Does your child have any allergies? Yes No

If yes, please explain the allergies and any precautions in consideration of this allergy: _____

EMERGENCY:

Who can the staff of Harvest Christian Academy for the Deaf call in case of an emergency? _____

Relation to the student: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work phone number: _____ Cell number: _____

SIGNATURE:

In the event that I cannot be reached in a medical emergency, I hereby give my permission to the staff of Harvest Christian Academy for the Deaf to call 911 and/or to contact a medical facility or physician selected by the school staff and to secure proper treatment for my child, as deemed necessary by Emergency Medical services or a medical facility, and to hospitalize and/or secure the services of a licensed physician, surgeon, and/or anesthetists in providing the necessary care of my child if the emergency contact or I am unable to be reached.

I declare that the information given on the health form is complete and accurate.

Parent's or Legal Guardian's Signature

Date

Home phone number

Work phone number

Cell number

Email Address

Mail or bring this application to:

Harvest Christian Academy for the Deaf
1314 Old Three Notch Road
Ringgold, Georgia 30736

EDUCATION: Beginning with the most recent, list all the schools your child has attended. Harvest Christian Academy for the Deaf will request a transcript of your child's record to be sent to us.

Name of School	Address	Dates

Has your child ever been expelled, dropped, or suspended by any school listed above? Yes No

If yes, please explain: _____

DISCLOSURE STATEMENT

Please read the Harvest Christian Academy for the Deaf's Parent/Student Handbook. After reading the handbook, read the following statements and then sign the application.

Harvest Christian Academy for the Deaf is a ministry dedicated to the glory of God. It is in existence to help students grow spiritually, emotionally, physically, and academically. It is expected that each student will at all times live in accordance with what Harvest Christian Academy for the Deaf represents and believes, and that in all things the student will represent the school well as an example of what its members are and do. It is further expected that each student applying for admission has an established pattern of adherence to the principles outlined in the Parent/Student Handbook, and has not participated in activities that would cause students to be dismissed from the school.

As a student at Harvest Christian Academy for the Deaf, will you uphold these high expectations? Will you faithfully abide by the policies that govern the lifestyle of our students as found in detail in the Student/Parent Handbook and summarized briefly below?

As a Christian School, Harvest Christian Academy for the Deaf is committed to the teachings of the Bible, and we are persuaded that there should be a direct relationship between what a Christian student believes and how he/she behaves. We acknowledge that it is impossible to create a school community with behavioral standards that are acceptable to every student. We do, however, believe that it is essential to specify certain specific principles found in the Bible. We wish to make it clear that some of these rules are intended to help our school's community life and are not necessarily regarded as absolutes for all Christians.

Violations are considered as breaking a firm commitment that each student makes when voluntarily choosing to attend the school. As a member of Harvest Christian Academy for the Deaf, you will be expected to exert a positive influence in your social relationships and to be a responsible member of Harvest Christian Academy for the Deaf.

The following form is to be signed by school parents and any students in grades 7-12 if in agreement with the above statement and the following: "I have read the Student Handbook and agree to abide by its regulations and support the school in its principles. If I did not understand any part of it, I have sought further clarification from the school Administration and now fully understand and agree to abide by it."

The parent or legal guardian declares that the information given on this application is true, complete, and accurate.

Signature of the Father or Male Legal Guardian

Date

Signature of the Mother or Female Legal Guardian

Date

Signature of the Mother or Female Legal Guardian

Date

SIGNATURE: Please read the following statements and then sign the application.

I declare the information on this application to be true, complete, and accurate.

I understand that attendance at Harvest Christian Academy for the Deaf is a privilege, not a right. Also, I agree with the school's Statement of Faith. I agree with the rules and standards of conduct of the school. Feeling strongly that my child should abide by these rules and standard of conduct, I will cooperate with the school in the education and discipline of my child.

Signature of Parent or Legal Guardian

Date