Hillsboro Learning Center 2021-2022 APPLICATION FOR ADMISSION

The following is to be completed by a parent or legal guardian and returned to the office prior to enrollment.

Date of Application//	Applying for	or Grade			
Student's Name					
Last Student's Biological Sex M F (circle one)	First		Midd	le	
Address					
Street	City			State	Zip Code
Date of Birth//					
1. Father's Name					
Email:					
Address (if different from student)					
Street City			State	Zip C	ode
Father's phone:					
Father's Occupation/Position		_			
2. Mother's Name					
Email:					
Address (if different from student)					
Street Cit	y		State	Zip	Code
Mother's phone:					
Mother's Occupation/Position					
3. If there are other children in your family, pl	•				
Name		Age	_School		
Name	·	Age	_ School		
4. What is the marital relationship in your hom	ne?				
Parents are:Married & living tog	ether	_Separa	ited	_Divorced	Widowed(er)
(If other, please specify)					
5. Is the student living with at least one parent					
If "no", with whom is student living (grand	parent, guard	ian, etc.))?		
6. If parents are divorced or separated, who haparent)	is legal custor	ly of the	student? (Name of l	egal guardian if other than a

7.	Please list schoo	ols previously attended,	most recent first	
5	School	Address/Zip	Dates Attended	Grades Completed
8.			his/her present school?	
9.	Student's grad All A's.		sPrimarily B's & C's	Primarily Below C
10.	Has the studen susp **If so, pleas	pended	expelled separate sheet of paper, inc	asked to withdraw cluding the principal's name and contact information
11.	Has the studen	t ever repeated a grade?	?YesNo Grad	de(s)
12	Has this stude	nt been diagnosed as ha	wing any of the following	problems?
	Visual Pe	erception Learning	nd-eye Coordination Proble g Disability Emotiona	al Difficulties
		• •	* •	No Grade(s)
13.		tudent's interests, talent		
14.			licant cannot participate in plain	the physical education program?
15.	If you have fur or other details	ther information which s the school should be a	may assist in the guidance ware of, please indicate be	of your child, such as pertinent medical, allergies,
16.	Insurance Prov	vider	ed for each child. Provide i	
	Policy number		Primary Care	Provider
17.	Please state yo	our personal Christian E	xperience and Faith: (Attac	ch separate page if needed.)
1	Father:			

Mother:_

18. Why do you want your child to enter Hillsboro Learning Center?_____

18. How were you made aware of HLC?

I have received a copy of Hillsboro Learning Center's current handbook. I have read and understand HLC's policies and standards. I agree to support and abide by the information in the handbook. (Please initial in the appropriate space.)

 Father _____
 Mother _____
 Guardian _____

Are you considering volunteering hours to assist with tuition and fees? Y / N

If yes, you will need to pass a background check and be ministry safe approved.

To the best of my ability, I/we have provided accurate, truthful information on this application form.

BOTH PARENTS' SIGNATURE REQUIRED, UNLESS A SINGLE PARENT HOME:

Father/Guardian

Date Mother/Guardian Hillsboro Learning Center students are admitted without regard to race, color, religion, or national and ethnic origin. Every applicant will be evaluated. Once numerical limit is attained, additional applicants will be put on a waiting list. Date