



HAMPTON PARK CHRISTIAN SCHOOL

875 State Park Road, Greenville, SC 29609 Phone: 864-233-0556 Fax: 864-235-5621
Email: hpcs@hamptonpark.org website: www.hpcsonline.org

New Student Application

Year 20_____ - 20_____

Non-refundable registration fee must accompany student application.

APPLICANT INFORMATION									
Current Grade		Applying for Grade			If applying for K4 or K5 Half day <input type="checkbox"/> Full day <input type="checkbox"/>				
Last Name		First		Middle		Called by			
Street Address									
City		State		ZIP		Home Phone			
Student Cell Phone				Student E-mail Address					
Sex		Female <input type="checkbox"/>		Male <input type="checkbox"/>		SSN		Date of Birth	
Ethnicity									
African-American <input type="checkbox"/>			American Indian or Alaskan Native <input type="checkbox"/>			Asian <input type="checkbox"/>			
Caucasian <input type="checkbox"/>		Hispanic <input type="checkbox"/>		Native Hawaiian or other Pacific Islander <input type="checkbox"/>			Other <input type="checkbox"/>		
Has the applicant attended HPCS previously YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what grades attended?									
Student Resides with Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>									
RELIGIOUS BACKGROUND									
Church				Church Member <input type="checkbox"/>			Regularly Attend <input type="checkbox"/>		
Has applicant professed to have a relationship with Jesus Christ?							YES <input type="checkbox"/>		NO <input type="checkbox"/>
PARENT/GUARDIAN INFORMATION									
If your child is enrolled, who will be responsible for the bill? Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>									
<i>Father</i> <input type="checkbox"/> <i>Legal Guardian</i> <input type="checkbox"/>									
Is father a graduate of HPCS?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Did father attend HPCS at any time?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Father's Last Name			First			Called by			
Address, if different from student									
City		State		Zip		Home Phone			
Cell phone				Email address					
Employer				Occupation			Work Phone		
Marital Status (check all that apply)		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Single <input type="checkbox"/>		Widowed <input type="checkbox"/>	
Separated <input type="checkbox"/>		Remarried <input type="checkbox"/>		Church		Church Member <input type="checkbox"/>			Regularly Attend <input type="checkbox"/>
<i>Mother</i> <input type="checkbox"/> <i>Legal Guardian</i> <input type="checkbox"/>									
Is mother a graduate of HPCS?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Did mother attend HPCS at any time?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mother's Last Name			First			Maiden		Called by	
Address, if different from student									
City		State		Zip		Home Phone			
Cell phone				Email address					
Employer				Occupation			Work Phone		
Marital Status (check all that apply)		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Single <input type="checkbox"/>		Widowed <input type="checkbox"/>	
Separated <input type="checkbox"/>		Remarried <input type="checkbox"/>		Church		Church Member <input type="checkbox"/>			Regularly Attend <input type="checkbox"/>

EDUCATIONAL BACKGROUND			
Please give complete name and address of school student is presently attending or last attended:			
School Name	Dates attended	to	
Address			
Phone			
Do you have reason to suspect the presence of an exceptionality (autism spectrum disorder, gifted, or other health impairment such as ADHD or specific learning disability)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:			
Has the student been diagnosed with an exceptionality?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:			
Has the student ever been referred for or received professional, psychological, psychoeducational, or behavioral testing or counseling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain and provide a copy of any official reports:			
Does the student have an IEP or 504 plan? If yes, please include a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has the student ever been enrolled in a special education program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:			
Has the student ever been arrested for something other than a traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:			
Has the student ever been suspended from, expelled from, or asked not to return to a school for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:			
Has the student exhibited discipline or attendance (tardiness) problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please list any other factors in applicant's life (i.e. absence of parent, unusual accidents, etc.) that might be helpful to know.			
ADMISSIONS POLICY			
<p>Admission to Hampton Park Christian School is a privilege and not a right. All applicants will be tested unless standardized test scores are readily available from the previous school. Admission is dependent upon test results and available placement. All new students are admitted on the basis of a nine-week trial, providing an opportunity to evaluate the child's ability, behavior, and attitude. If a student is unable to achieve at grade level, Hampton Park reserves the right to place the student into a lower grade. If the student is unable to adjust to academic and behavioral expectations, the student will be dismissed by the end of the nine-week period. A student who does not agree with or abide by the purpose and program of the school will not be admitted or allowed to remain in the school. Hampton Park does not discriminate on the basis of sex, race, color, ethnic or national origin.</p>			
ENROLLMENT AGREEMENT			
In submitting this application, I understand and agree with the following:			
<ol style="list-style-type: none"> 1. It is my intention that my child complete the entire school year at Hampton Park Christian School. 2. I will honor all financial obligations to the school in a timely manner. 3. I will support the mission and policies of Hampton Park Christian School as stated in the current Parent & Student Handbook. I pledge to encourage my child to complete all assigned work, as well as in the application of biblical principles to his life and learning. 4. I grant the school permission to administer appropriate discipline in order to maintain an orderly atmosphere conducive to learning. In cases of extreme disobedience, a child in grades K4-6 will be removed from the classroom and parents will be required to pick up the child immediately. In grades 7-12, a demerit notification system is utilized to keep parents informed of student conduct issues. 5. If I have a concern regarding a classroom issue, I will speak first to the teacher, then to the administrator, rather than to other parents. If I have a concern regarding a matter of policy, I will approach the administrator. If I cannot continue to support Hampton Park Christian School, I will withdraw my child rather than seeking to undermine or discredit the ministry or its personnel. 6. If extenuating circumstances demand it, I will complete the withdrawal process to formally withdraw my child from Hampton Park Christian School by contacting the school, completing and submitting an official withdrawal form, returning all school-owned materials, and paying the \$500 withdrawal fee and all remaining tuition charges through the calendar month in which the withdrawal is completed. I understand that records will be transferred to another school upon completion of the withdrawal process. 7. I understand that by enrolling my child at HPCS, I am acknowledging that a FACTS account will be set up for billing. 			
Signature of Father or Legal Guardian		Date	
Signature of Mother or Legal Guardian		Date	
_____ Date appl rec'd	_____ Reg fee paid	_____ Testing	_____ Interview _____ Student #