



# Hope Christian School

6450 Hope Way \* Hanover, PA 17331-  
Phone: (717) 633-1479 \* FAX: (717) 633-9591

## Student Application

**OFFICE USE ONLY**

Reg. Fee \_\_\_\_\_  
Test Given \_\_\_\_\_  
K-Birth Cert. \_\_\_\_\_  
Records rec'd \_\_\_\_\_  
Appt. \_\_\_\_\_

Entering Grade \_\_\_\_\_ for the \_\_\_\_\_ school year.

*Please provide complete, legible information. Submission of this application is non-binding.*

### GENERAL INFORMATION

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ School District \_\_\_\_\_ County \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

I give Hope Christian School permission to use any pictures of my child in school publications, local newspapers, school brochures and HCS website.  Yes  No

### FAMILY INFORMATION

Family Information:

Parent / Guardian 1

Title (Mr., Mrs., etc.) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

Family Information:

Parent / Guardian 2

Title (Mr., Mrs., etc.) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

If parents are divorced, with whom does the child live? \_\_\_\_\_

Legal Custody: Father      Mother      Guardian      Other \_\_\_\_\_

Financial Responsibility: Father      Mother      Guardian      Other \_\_\_\_\_

## CHURCH AFFILIATION

What church do you attend? \_\_\_\_\_

Church Address: Street \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you a member? \_\_\_\_\_ Yes \_\_\_\_\_ No

## BROTHERS AND SISTERS

Name, Grade, School Attending

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## SCHOOL

Name of School or Day Care \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

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

Why are you considering changing school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Hope Christian School? \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Hope Christian School admits students of any race, color, nationality, or ethnic origin.

**Acceptance will not be final until the Application Fee is paid and the Parent Agreement Form is signed.**