

**HILL COUNTY CHRISTIAN ACADEMY**  
702 FM 309  
Hillsboro, TX 76645  
682-702-0573  
Hillcochristianacademy@gmail.com



**ENROLLMENT APPLICATION (PLEASE PRINT)**

**2025 - 2026**

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_

Student's Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Age \_\_\_\_\_ Grade \_\_\_\_\_

\* Academic, disciplinary and attendance records from previous school(s) will be reviewed and an interview with the student and parents will be required before acceptance of applicant to HCCA. **(Parents are responsible for providing all records from previous schools.)**

\*\* HCCA may not have the personnel to adequately serve students requiring special needs/attention.

**Admission Fee – Current Students \$550 (Non-Refundable)**  
**New Students \$600 (Non-Refundable)**

**Please enroll my child in the following:**

\_\_\_\_\_ **4 Day Classes - Yearly Tuition - \$4,000 (payment plan available)**  
Monday, Tuesday, Wednesday, and Thursday  
8:00 am to 3:45 pm

**Mailing Address (PLEASE PRINT)**

**Phone Numbers**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parent's Name (PLEASE PRINT)** \_\_\_\_\_

**Parent's or Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Excellence for His Glory**

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