



ENROLLMENT APPLICATION

Student's Name: _____

Age (as of 9/1/20): _____ Date of Birth: ____/____/____

**Academic, disciplinary and attendance records will be reviewed before acceptance of applicants to HCCA. Please provide student records from prior schools.*

Non-Refundable Enrollment Fee - \$150

_____ Home School Connection - \$280 per month
Full Day classes - Tuesday, Wednesday, and Thursday

_____ Full Day classes -5 Days a week - \$390 per month
Full Day classes - Monday, Tuesday, Wednesday, Thursday, and Friday

Monthly tuition payment is due the 1st of each month.

- A \$25 late fee will be added after the 10th of each month.

Print Parents' or Legal Guardian's Name: _____

Mailing Address: _____

Phone Number: _____

Does your child face any educational challenges (Dyslexia, Dysgraphia, ADHD, etc.)?

**These do not necessarily keep students from being accepted to HCCA*

Has your child had behavioral problems or faced disciplinary actions in the previous years at another school?
(Please explain)

Which school? What helped resolve these issues?

Parent's or Legal Guardian's Signature

Date