



HCS Student Application

Preschool through 12th Grade

1696 Westchester Drive
High Point, NC 27262
Phone: (336) 882-3126
office@hayworth.info

FOR OFFICE USE ONLY	
Application Received (Date) _____	Pastoral Rec. Rec'd (Date) _____
Reg. Received (Date) _____	Amt. _____ By _____
Educator Rec. Rec'd (Date) _____	Educator Rec. Rec'd (Date) _____
Adm. Testing (Date) _____	Paid _____ By _____
Interview (Date) _____	Grade Placement _____
Board Acceptance _____	Letter Mailed _____
Board Non-acceptance _____	Letter Mailed _____
Deposit Received (Date) _____	Enrollment Date _____
Records Requested (Date) _____	Received _____

Date of Application _____

Student's Name _____ Male Female
First Middle Last

Grade for which application is being made _____ Last school attended _____

Date of Birth _____ (Include Month, Day, & Year)

Address _____ Phone _____
Street City State Zip

FAMILY INFORMATION

1. Father's Name _____
 Address _____
 Marital Status: Married Widowed Separated Divorced Email _____
 Phone: (Home) _____ (Cell) _____
 Employer _____ Business Phone _____
 Church Attends: _____ Regularly Not Regularly
 Church Address: _____
 Spiritual Status: Have you personally received Jesus Christ as your Savior? (check one) Yes No

2. Mother's Name _____
 Address _____
 Marital Status: Married Widowed Separated Divorced Email _____
 Phone: (Home) _____ (Cell) _____
 Employer _____ Business Phone _____
 Church Attends: _____ Regularly Not Regularly
 Church Address: _____
 Spiritual Status: Have you personally received Jesus Christ as your Savior? (check one) Yes No

3. Who has legal custody of the child for whom the application is being made?
Please notify the school if there are any changes in the custody of the student while he is enrolled at HCS. _____
4. Who recommended you to Hayworth Christian School? _____
5. Why do you wish to send your child to Hayworth Christian School? _____

EDUCATIONAL BACKGROUND

1. List below all schools your child has attended (*including homeschooling*). Complete mailing address is required.

<i>Name of School</i>	<i>Address (Street, City, State, Zip)</i>	<i>Dates (Month and Year)</i>	<i>Grades</i>	<i>Reason for Leaving</i>

2. Have all financial obligations been fulfilled at the school(s) listed above? Yes No If not, please explain:

3. Please state reason(s) for leaving/wanting to leave current school: _____

4. Has applicant ever received any type of tutoring or therapy? Yes No If yes, please explain: _____

5. Has any grade ever been repeated? Yes No If yes, which one(s)? _____
 What was the reason for the retention? _____

6. Has applicant had any discipline problems at school? Yes No Please describe: _____

7. Has applicant ever been suspended/expelled? Yes No For what reason? _____

8. Has applicant ever had any type of psychiatric, psychological or educational testing other than the regularly administered school achievement tests? Yes No If yes, copies of these tests and recommendations must be provided to the school prior to admission testing. Please describe: _____

To the best of my knowledge, the information given in the application is true and accurate. **Parent signatures are required.**

Father or Guardian's Signature: _____

Mother's Signature: _____

Date: _____



HAYWORTH CHRISTIAN SCHOOL

Student's Medical Report

This form must be filled out and returned to the school office before a child is accepted! Be sure HCS receives a copy of immunization records.

Student's Name _____ Birth date _____

Parent or Guardian's Name _____

Parent or Guardian's Address _____

Gender: () Male () Female

Medical History (May be completed by parent)

1. Is child allergic to anything? No _____ Yes _____ If yes, what? _____

2. Is child under a doctor's care? No _____ Yes _____ If yes, for what reason? _____

3. Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____

4. Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and what for? _____

5. Any history of significant previous diseases or recurrent illness? No _____ Yes _____
Diabetes? No _____ Yes _____ Heart trouble? No _____ Yes _____
If others, what/when? _____

6. Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe _____

7. Any mental disabilities? No _____ Yes _____ If yes, please describe _____

8. Does the student have any history of convulsions? No _____ Yes _____ If yes, please describe _____

Parent or Guardian's Signature _____

Pastoral Recommendation

Parents: Please provide your pastor with an envelope addressed to: HCS Administrator

ALL students who apply to HCS must have an annual recommendation from their senior pastor, children's pastor, or youth pastor.

The recommendation must come from a staff member of the church the student attends.

The reference should complete all questions below and return the form within one week to the applicant's parents in an envelope. Reference should sign the back of a sealed envelope along the seal.

Complete one copy per student. Copies may be made as needed.

Section One: Completed by Parent

STUDENT'S NAME: _____ FOR GRADE: _____

Parent's Signature: _____ Parent's Name (print): _____

My child is an applicant to Hayworth Christian School. Please complete this confidential recommendation form. I waive my right to review the information provided on this form.

Section Two: Completed by Reference

REFERENCE'S NAME: _____ POSITION: _____

CHURCH: _____ PHONE: _____

EMAIL: _____

- Do you personally know the student and/or parent(s)? _____ Yes _____ No
 Does the student and at least one parent attend your church? _____ Yes _____ Seldom _____ Never
 How long has this student attended your church? _____
- Does the student attend in-person services at least twice a month? _____ Yes _____ No
 Does the student's parent(s) attend in-person services at least twice a month? _____ Yes _____ No
 Are the student applicant's parents actively involved in your church? _____ Yes _____ No _____ Not Sure
- After reviewing the Mission Statement and Admission Standards on the reverse side, would you recommend this student for enrollment to HCS? _____ Yes _____ No _____ Not Sure

Why or why not? _____

4. Does the applicant profess Christ as his/her Savior? _____ Yes _____ No _____ Not sure

5. Please rate the following characteristics for this student:

	Superior	Good	Average	Below Average	Poor	Not known
Behavior						
Attitude						
Respect						
Moral Character						

Thank you for your time and cooperation. We believe that we are but one part of a three-strand approach of the church, the family, and the school in the spiritual training of our students. Thank you for your role in this student's life.

SIGNATURE: _____

DATE: _____

(REQUIRED)

Pastor: Please know this information is kept confidential.



HAYWORTH CHRISTIAN SCHOOL

Admissions Criteria

MISSION STATEMENT

Our mission is to educate young men and women from a Biblical worldview in partnership with church and home, equipping them to discover and live with excellence the calling of God for their life

In keeping with HCS's Mission Statement and Philosophy, a student is selected for admittance that:

Spiritual

- has parents supportive of HCS' Mission Statement, Philosophy, and Statement of Faith
- has a family demonstrating a Christian testimony and home life (student and parent). (Students in grades PK-5th grade are admitted based on the qualifications of their parents. A student in 6-12th grade must provide a written statement regarding his relationship with Christ.)
- has parents that believe and live according to Hayworth's Statement on Marriage, Gender, and Sexuality. The parents believe and exercise the belief that "God intends sexual intimacy to occur only between a man and a woman who are married to each other."
- parent(s) and student attends church on a regular basis with their family in-person at least twice a month.
- has a pastor's referral.

Academic

- demonstrates average or above academic aptitude and/or achievement (2nd - 12th grades). That means the student must have tested 90% or higher in Language and Math on a current national standardized test in the last 12 months or take a placement test at HCS. The student must score 60% or higher on each section of the placement test. Kindergarten and first grade students must be tested and be developmentally ready.
- has parents willing for the student to enter a grade level at HCS that is appropriate for the child's academic achievement and developmental readiness regardless of the chronological age.
- understands HCS is not equipped to meet the needs of a student that qualifies for a resource program in the public sector. A student with minor learning disabilities or physical handicaps may be accepted provided the necessary assistance can be found apart from HCS.
- Has an educator recommendation (new students only).

Social

- is socially and emotionally well adjusted.
- has not been expelled from another school.
- is responsible, well-behaved, of good character, has a willing and cooperative spirit, and a good school record, and is open to correction and instruction,
- meets the minimum age qualifications for their grade level on or before August 31st and meet developmental readiness requirements.

Financial

- parents have settled financial obligations at HCS and all other schools.

A student who does not meet all the requirements may be considered, upon request, for admission on a probationary basis for extenuating circumstances.

HCS admits students of any race, color, national, and ethnic origin to all the rights privileges, programs, and activities made available to students at the school.

Additional comments: _____

HAYWORTH CHRISTIAN SCHOOL

Educator Recommendation

Parents- Please provide your student's educator with an envelope addressed to: HCS Administrator

ALL students* who have made application to HCS must have one Educator Recommendation. This can be from a current or previous teacher, principal, or administrator. The evaluator should complete all questions below and return the form within one week to the applicant's parents in an envelope. The evaluator needs to sign the back of the envelope across the seal.

Section One: Completed by Parent

STUDENT'S NAME: _____ FOR GRADE: _____

Parent's Signature: _____ Parent's Name (print): _____

My child is an applicant to Hayworth Christian School. Please complete this confidential recommendation form. I waive my right to review the information provided on this form.

Section Two: Completed by Reference

EDUCATOR'S NAME: _____ POSITION: _____

SCHOOL: _____ DATE: _____

1. How do you know this student? _____
2. How long have you known this student? _____
3. Do you know of any learning problems this child may have? Yes No If so, please explain: _____
4. Were the parents supportive of school policies and discipline? Yes No
5. Please rate the following characteristics for this student:

	Superior	Good	Average	Below Average	Poor	Not known
Performance						
Behavior						
Attitude						
Relations with peers						
Family Support						
Acceptance of correction						
Work Ethic						
Organizational Skills						
Respect for authority						
Moral Character						
Emotional Maturity						

SIGNATURE: _____ POSITION/TITLE: _____

(REQUIRED)

Educator: Please know this information is kept confidential.

HAYWORTH CHRISTIAN SCHOOL

Admissions Criteria

MISSION STATEMENT

To provide the highest standards of excellence and spiritual development in order that each student may be equipped with the necessary tools to effectively pursue the vocation to which the Lord will lead.

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