



**HARVESTER CHRISTIAN ACADEMY**  
**APPLICATION FOR ADMISSION**  
**International Students**

Office Use Only

Date Received \_\_\_\_\_

Fee \_\_\_\_\_

Application Date \_\_\_\_\_ Date Received \_\_\_\_\_  
(MM/DD/YYYY)

**STUDENT INFORMATION**

*Please print name exactly as it appears on your passport*

Applicant Given Name \_\_\_\_\_ Family Name/Surname: \_\_\_\_\_

Applicant Nickname/English Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Birth Country \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Date of Expiry \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Student Email \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Applying for School Year: \_\_\_\_\_

**STUDENT: Current School Data**

Current School Name \_\_\_\_\_ School District \_\_\_\_\_

Date Enrolled From (MM/DD/YYYY) \_\_\_\_\_ Date Enrolled To (MM/DD/YYYY) \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**STUDENT: Present Address**

Home Address – Street/Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**GENERAL QUESTIONS ABOUT THE STUDENT APPLICANT:**

*Parent, please answer the following questions.*

1. Has applicant repeated any grade? *If "Yes" to question 1, please explain.*  
 Yes  
 No
2. Has student ever been suspended or expelled, denied re-enrollment, counseled not to return, asked to withdraw, or been the subject of any major school disciplinary action? *If "Yes" to question 2, please explain.*  
 Yes  
 No

3. Has student ever used alcohol, tobacco, or illegal controlled substances at any time?

- Yes
- No

4. Has student ever been brought before the juvenile court or a law enforcement agency?

- Yes
- No

If the student is, or has received special education services within the last 3 years, you must submit the Educational/Psychological Assessment and the school plan for your student with the other documentation required for the application.

5. Has student previously, or is student currently receiving special education services?

- Yes
- No

6. Has student ever taken, or is student currently taking medications for diagnosed conditions such as ADD, ADHD, Depression, OCD, etc?

- Yes
- No

7. Does student have any mental, emotional, physical, medical or other handicaps that may affect his/her activities/progress or that should be known by the school? *If "Yes" to question 7, please explain.*

- Yes
- No

As an independent school, HCA is not under obligation to accommodate state or federal education plans.

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Harvester Christian Academy. This includes such things as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problem at home or at school. Please note on a separate sheet any situations that could influence your child's experience at Harvester. Failure to notify us could result in your child's separation from Harvester Christian Academy.*

**GETTING TO KNOW THE STUDENT:**

**STUDENT ESSAYS**

*Answers must be in the student's own words.*

Please explain why you want to attend Harvester Christian Academy.

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If you are a Christian, tell us about your personal relationship to Jesus. If you are not yet a Christian, explain what you know about Jesus.

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**FATHER or MALE GUARDIAN**

(Dr./Mr./Rev.) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Profession/Position \_\_\_\_\_ Employer \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Parent Email \_\_\_\_\_

Home Address – Street/Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**MOTHER or FEMALE GUARDIAN**

(Dr./Mrs./Ms./Rev.) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Profession/Position \_\_\_\_\_ Employer \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Parent Email \_\_\_\_\_

Home Address – Street/Apt. \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

*I waive my right to review any information in the admission/application file.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please include:

- Non-refundable \$300.00 New Student Application Fee
- Authorization to Release Records
- Confidential Teacher Reference Form
- Confidential Pastor Reference Form
- Copy of Passport
- Official Immunization Records
- Official Transcripts
- Official Test scores
- Signed Parental Agreement of Support

Return to:

Harvester Christian Academy  
International Office of Admissions  
4241 Central Church Road  
Douglasville, GA 30135

Scan & Email:

Leah Michelle Gillis  
International Programs Director  
lgillis@harvesteracademy.com