



Harvest Christian Academy

Application 2020-2021

Lake Sharon Campus, Corinth

Student Name: _____ Student DOB: _____

Grade Level Applying For: _____ OR Age/Days: _____

Student Gender (circle one): Male Female Local School District: _____

Student Home Address: _____

Student Email: _____ Student Phone Number: _____

How did you hear about HCA?: _____

Parent/Guardian ONE Name: _____ Relationship to Student: _____

Marital Status: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Address (if different from above): _____

Custodial Rights? (circle one): YES NO Financial Responsibility?: (circle one): YES NO

Receive Correspondence? (circle one): YES NO

Parent/Guardian TWO Name: _____ Relationship to Student: _____

Marital Status: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Address (if different from above): _____

Custodial Rights? (circle one): YES NO Financial Responsibility?: (circle one): YES NO

Receive Correspondence? (circle one): YES NO

I hereby grant permission for my child to use all the play equipment and to participate in in all of the activities of the school which are appropriate for his/her age. (circle one) YES NO

I hereby grant Harvest Christian Academy permission to use my child's name, likeness, image, voice, appearance, and/or performance in all forms to publicly release internal and external to the school, including the yearbook, media, and website. (circle one) YES NO

My signature below affirms that all the information contained in this application is correct, complete, and honestly presented. I understand that misrepresenting information in this application may jeopardize my child's admission.

Parent/Guardian ONE Signature: _____ Date: _____

Parent/Guardian TWO Signature: _____ Date: _____

Complete and Return to: LakeSharon@HCAsaints.org

HCA Lake Sharon—2650 Oakmont Dr, Corinth, TX 76210