



## APPLY ONLINE!

Complete this application at [chicagohopeacademy.org](http://chicagohopeacademy.org)

# CHICAGO HOPE ACADEMY

## Admission Application

### Student

Student's Name \_\_\_\_\_  
First Middle Last

Applying for Grade \_\_\_\_\_ Starting \_\_\_\_\_/20 \_\_\_\_\_ Gender (circle): Male / Female  
Month Year

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt/Suite  
City State Zip

### Father

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### Mother

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### Guardian (if different than above)

Guardian's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Cell # \_\_\_\_\_

**Student**

Applicant's Current School \_\_\_\_\_

School Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Schools Attended 1. \_\_\_\_\_  
2. \_\_\_\_\_

***It is mandatory for all applicants to have completed their 8<sup>th</sup> grade constitution test upon enrolling at Chicago Hope Academy.***

Has applicant ever been asked to withdraw from a school?  Yes  No Expelled?  Yes  No

If either question above was answered with yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Siblings**

\_\_\_\_\_  
Name Age School Grade

\_\_\_\_\_  
Name Age School Grade

\_\_\_\_\_  
Name Age School Grade

**Medical**

Please describe any illnesses, diseases, or physical disabilities we should be aware of which may affect your child's general health, schoolwork or participation in athletics. \_\_\_\_\_  
\_\_\_\_\_

If the student has received or is receiving counseling due to a serious personal problem or event, please share this information with us so we can better understand and respond to your student's needs.

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

**Personal**

How did you hear about Chicago Hope Academy? If a current Hope student/parent referred you please name them below.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Chicago Hope Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission, educational, financial aid, athletic, or school administered policies.

## Parent / Guardian Questionnaire

*Chicago Hope Academy is a co-educational college and life preparatory school dedicated to nurturing and challenging the whole person – body, mind, and spirit – to the glory of the God.*

1. CHA expects you as parent/guardian to be involved in your child's education. Are you in agreement with this? Please explain.

2. We want our students to be responsible, respected citizens. We believe that a student's dress should be appropriate for the activity that he/she is doing. Therefore, we require our students to wear school uniforms. Are you in agreement with the dress code? Please explain.

3. Athletics are a part of our triangle philosophy. We believe that athletics—whether individual or team-oriented—help to develop a child physically and teach self-discipline, teamwork, and sportsmanship. How do you feel about your child participating in some type of physical/athletic activity?

4. Our school requires participation in Bible classes. Students will be examining the major themes of the Bible from a Christian viewpoint and comparing them to the worldviews of today's popular culture. How do you feel about this requirement?

5. Many of today's tragedies are directly related to the use of illegal drugs, yet the number one killers and time wasters are still the "legal" ones—alcohol, cigarettes, and poor eating habits. The individual and societal devastation caused by extramarital sex, abortions, and fatherless children—is also obvious. In light of this, Chicago Hope Academy students are not permitted to use, sell, purchase, or possess alcoholic beverages, tobacco products, or any drug at any time **on or off campus**. Students are also not permitted to engage in any sexual activity outside of marriage. The same is required of all our teachers. Would you be willing to support this policy while your child is a student at Chicago Hope Academy? Please explain.



# CHICAGO HOPE ACADEMY

## Student Questionnaire

**This questionnaire should be completed in the handwriting of the student.** Please write neatly and clearly. Students should read the entire questionnaire before beginning. Send the completed questionnaire with the admission application to the Admission Office at Chicago Hope Academy.

Student's Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street

City, State

Zip

Phone # \_\_\_\_\_ Name of Current School \_\_\_\_\_

### Student Questions

What do you like to do when you are not in school?

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What books/magazines do you enjoy reading?

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What book(s) have you read in the past month?

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Please list any clubs or church programs you have been involved with in the past two years.

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Circle your answers below (these do not affect your admittance to CHA):

Have you taken a Spanish class before? YES or NO. Is Spanish spoken in your home? YES or NO.  
Do you Speak Spanish at home? YES or NO. Are you fluent in Spanish? YES or NO.

**Student Questions**

What do you like/not like about your current school?

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Why do you want to attend Chicago Hope Academy?

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**Pledge**

I have written this application. No one wrote it for me.

On my honor as a prospective Chicago Hope Academy student, I have neither given nor received help on this application.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_