

HAPPY HILL FARM ACADEMY SINCE 1975

STUDENT APPLICATION



Current Grade _____
 Applying for Grade _____
 Day Student
 Boarding Student
 Applying for Financial Aid

Who is completing this application? Parent/Guardian Other

First/Last Name: _____ Phone: _____ Email: _____

STUDENT	Student First Name:		Last:		Preferred/Nickname:	
	Birth Date:		Social Security No.		Home Phone:	
	Student Address:		City:		State: Zip:	
	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Student Email:		Local School District of Residence:	
	Ethnicity: <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ANGLO <input type="checkbox"/> ASIAN <input type="checkbox"/> BI-RACIAL <input type="checkbox"/> CHINESE <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER			How did you hear about us? OTHER _____ <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> ALUMNI <input type="checkbox"/> CURRENT STUDENT <input type="checkbox"/> CURRENT PARENT <input type="checkbox"/> PARENT OF ALUMNI <input type="checkbox"/> INTERNET <input type="checkbox"/> PASTOR <input type="checkbox"/> PHONE DIRECTORY <input type="checkbox"/> WORD OF MOUTH		
	Citizenship:		Birth Country:		Primary Language Spoken at Home:	

ARTS	LEVEL			ATHLETICS	LEVEL			LEVEL			
	BEG	INT	ADV		BEG	INT	ADV		BEG	INT	ADV
<input type="checkbox"/> MUSICAL INSTRUMENTS describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HORSEBACK RIDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHOIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CHEERLEADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TENNIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MUSICAL THEATRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TRACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DRUM LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FOOTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VOLLEYBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ART- drawing, painting, sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GOLF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> GRAPHIC DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

ELECTIVE ACTIVITIES/HOBBIES/OTHER INTERESTS

- STUDENT LEADERSHIP
- AGRICULTURE/FFA
- HUNTING TRIPS
- SPANISH CLUB
- YOUTH & GOVERNMENT
- YOUTH MINISTRY/BIBLE STUDIES

Please describe your current extracurricular involvements:

INTERESTS

RELIGIOUS AFFILIATION

Local Church/Parish Member? Y N How often are you involved in church? Weekly Monthly Occasionally

Name of Current Church/Congregation: _____

City: _____ State: _____ Phone: _____ Email: _____

Name of Pastor: _____ senior youth

SCHOOLS *(Please start with school most recently attended first.)*

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Web Site: _____ Attended From: _____ To: _____ Grade Completed _____

Contact _____ Phone _____ Email _____

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Web Site: _____ Attended From: _____ To: _____ Grade Completed _____

Contact _____ Phone _____ Email _____

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Web Site: _____ Attended From: _____ To: _____ Grade Completed _____

Contact _____ Phone _____ Email _____

Has the applicant ever repeated a grade? Yes No If yes, what grade? _____

If yes, please describe: _____

STUDENT HISTORY

Describe the student's academic strengths:

Describe the student's academic weaknesses:

Please list any academic awards or recognitions received by student:

Has the applicant experienced any academic or behavioral difficulties in school? Yes No

If yes, please describe:

Has the applicant ever been: suspended expelled withdrawn Year: _____

School Name: _____ Contact Person: _____ Phone: _____ Email: _____

Reason:

Has the student ever demonstrated aggressive behaviors? Yes No If yes, please describe:

Has the applicant ever attended a school or program designed for students who have academic or other needs?

Yes No If yes, please describe:

Has the applicant undergone evaluation or received professional, psychological, or personal counseling?

Yes No If yes, please describe and include records:

Does the applicant take medication on a regular basis? Yes No If yes, specify medicine and dosage:

Has the applicant undergone evaluations/interventions inside or outside of the school setting (including, but not limited to, remediation, occupational therapy, speech and language therapy). Yes No If yes, please describe:

Has the applicant used tobacco, alcohol, marijuana, or other drugs? Yes No

If yes, please describe:

HOUSEHOLD 1 Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN ONE

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

PARENT/GUARDIAN TWO

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

HOUSEHOLD 2 Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN ONE

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

PARENT/GUARDIAN TWO

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

HOUSEHOLD 3 Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN ONE

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

PARENT/GUARDIAN TWO

Last Name: _____ First Name: _____

Suffix: _____ Gender: M F

Relationship to Applicant: _____

Custodial Rights? Financially Responsible for Student?
 Y N Y N

Marital status: S M D W

Email: _____

Mobile phone: _____

Home phone: _____

Employer: _____

Job title: _____

Occupation: _____

Highest level of education: _____

SIBLINGS

Sibling name (first/last): _____ Age: _____ Grade: _____ Current School: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BILLING INFORMATION

First Name: _____

Last Name: _____

Person responsible for payment of student's tuition: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: home mbl ofc Phone 2: home mbl ofc Email: _____

Method of payment: Check Credit/Debit Card Bank Draft

EMERGENCY CONTACTS & AUTHORIZED PICKUP

Name (first/last):

Relationship:

Cell Ph:

Home Ph:

Work Ph:

Email:

Emergency Contact?

Authorized Pickup?

Name (first/last):

Relationship:

Cell Ph:

Home Ph:

Work Ph:

Email:

Emergency Contact?

Authorized Pickup?

Name (first/last):

Relationship:

Cell Ph:

Home Ph:

Work Ph:

Email:

Emergency Contact?

Authorized Pickup?

Name (first/last):

Relationship:

Cell Ph:

Home Ph:

Work Ph:

Email:

Emergency Contact?

Authorized Pickup?

Name (first/last):

Relationship:

Cell Ph:

Home Ph:

Work Ph:

Email:

Emergency Contact?

Authorized Pickup?

Disclaimer: By listing a person as an Authorized Pickup, the parent/guardian is giving Happy Hill Farm Academy permission to allow the student to leave campus with the named individual without additional express written consent documentation. This permission will remain in effect unless revoked by the parent in writing.

STUDENT MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____ Height: _____ Weight: _____

INSURANCE

Insurance Company: _____ Phone Number: _____ Policy #: _____ Group #: _____

Claim's Address: _____

Policy Holder's Name: _____ Date of Birth: _____ Social Security Number of Policy Holder: _____

Employer of Policy Holder: _____ Work Phone: _____

HEALTH CARE PROVIDERS

Primary Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Other: _____ Phone Number: _____

Date of Last Physical: _____ Date of Last Dental Exam: _____

** Child must show proof of physical in past year. TAPPS Medical History required for all students grades 7-12.

ALLERGIES: (Please note actions to take in case of an allergic reaction)

Allergy 1: _____ Notes: _____

Allergy 2: _____ Notes: _____

MEDICAL CONDITIONS OR OTHER PSYCHOLOGICAL DIAGNOSES

Condition: _____

Notes: _____

Condition: _____

Notes: _____

ADDITIONAL INFORMATION

Does your child have a history of any significant illnesses or injuries? If so, please explain:

Is your child currently being treated for any significant illnesses or injuries? If so, please explain:

Does your child have any special dietary restrictions? If so, please explain:

STUDENT QUESTIONNAIRE (Only Grades 6-12)

Students should complete this section in their own handwriting. Additional pages may be added as needed.

Student's name:

Date

1) Describe yourself. How would others describe you?

2) What kinds of things do you like and dislike?

3) Please tell us about a person or significant event that has influenced your life. How has it affected you?

4) Describe your faith and beliefs.

5) What are some of your goals in life? How can Happy Hill Farm Academy help you meet these goals?

6) *Boarding Students only* - Please describe your thoughts and feelings about moving away from home to live at Happy Hill Farm Academy (*please use back of this sheet to answer*).

STUDENT CODE OF CONDUCT

Happy Hill Farm Academy strives to provide an atmosphere in which students develop intellectually, socially, spiritually, and physically. In order to create this atmosphere, the core values of respect, responsibility, personal integrity, self control, and love for one another are taught and modeled. Students are asked to embrace these values and work to display these characteristics in increasing measure. Failure to do so may result in a student being asked to leave or not being accepted for re-enrollment the following year.

I understand the following conditions of admission required from Happy Hill Farm Academy:

- 1) I agree to uphold the core values of Happy Hill Farm Academy and strive to grow in demonstrating responsibility, respect, personal integrity, self-discipline, and love for others at all times.
- 2) Happy Hill Farm Academy forbids the use of alcohol, tobacco, and illegal drugs by students both on and off campus. Possession or use of alcohol, tobacco or illegal drugs on or off campus will be grounds for dismissal or other disciplinary measures.
- 3) My education is a cooperative undertaking among the school, my parents, and me. I agree to support the mission, policies, and educational philosophy of Happy Hill Farm Academy on and away from campus.
- 4) I authorize Happy Hill Farm Academy to contact current and previous schools or other sources to obtain information to support this application. I agree not to seek access to confidential recommendations or evaluation materials provided by previous schools, administrators, counselors, pastors, or other sources before or after admission.

Student Signature:

Date:

I attest that the information provided in this application is complete, accurate, and truthful. I understand that withholding pertinent information, or significant failure to support school policies, may be grounds for dismissal of my child, if accepted.

Parent Signature:

Date:

Happy Hill Farm Academy does not discriminate on the basis of race, color, creed, religion, nationality, or ethnicity in the administration of its admission and education policies, financial aid programs, athletic programs, and other administered activities.

Please return this application to the following address in a sealed envelope.

Attention: Admissions Director; Happy Hill Farm Academy • 3846 N. Hwy 144 • Granbury, TX 76048

You may also scan and email to: admissions@happyhillfarm.org