

## HARVEST BAPTIST ACADEMY

"Equipping students to impact our world intellectually, socially, & spiritually"

## **NEW ENROLLMENT APPLICATION**

for families with students not previously enrolled in HBA

Parent Name(s):			
Street Address:			
City:	State:	ZIP:	
PHONE NUMBERS:			
FATHER:	MOTHER:		
Home:	Home:		
Cell:			
Work:			
Email:			
STUDENT'S NAME	GRADE ENTERING		BIRTHDAY

<b>FOR BUSING:</b> School district in which you reside:	
Students residing in the following school elease select your school district:	ool districts may be eligible for busing to Harvest Baptist Academy.
Allegheny Valley	Armstrong
Burrell	Deer Lakes
Freeport	Highlands
Kiski	Leechburg
New Kensington/Arnold	South Butler
Special instructions? (e.g., needs afterno	(N (Note: Busing is not available for K-4 students.)  oon transportation only)  elect enrollment option (see Tuition and Fee Schedule for explanation of  M-F (AM only)
CHURCH INFORMATION:	
Name of Church:	
Name of Pastor:	



## HARVEST BAPTIST ACADEMY

"Equipping students to impact our world intellectually, socially, & spiritually"

## **ENROLLMENT QUESTIONNAIRE**

2020-2021 School Year

PARENT/GUARDIAN:										
Student's Full Name:										
	Last	First	Middle							
Why do you want to enrol	l your child in Harvest Bapt	ist Academy?								
Why do you prefer a Christian school to a public school?  Previous schools your student has attended:  Are there any family or personal problems which have affected your child's emotional development, of which we need to										
							be informed?			
Č	Y / N Y / N m school? Y / N N or academic problems? Y	/ N								
How did you hear about us?										
Signature of Father or Gua	rdian:		Date:							
Signature of Mother or Gu	ardian:		Date							