

HOBE SOUND CHRISTIAN ACADEMY



Admission Form

11298 S.E. Gomez
P.O. Box 1065
Hobe Sound, FL 33455
772-545-1455
FAX: 772-545-1454
HSCAOnline.com
K12.com



LEGAL NAME OF STUDENT

First
Last
Middle (*Optional*)
Preferred (*Optional*)

GENDER

Select

BIRTH DATE (*mm/dd/yyyy*)

/ /

GRADE

Select

Full time

Part time

ETHNICITY (*Optional*)

Select

SSN# (*Optional*)

- -

HOME PHONE

() -

MAILING ADDRESS INFO

Address

Address

Address

City

County

State

ZIP

-

SHIPPING ADDRESS INFO

Same as Mailing

Address

Address

Address

City

County

State

ZIP

-

ADULT INFORMATION

Please enter information for at least one adult.

ADULT 1

Name

First

Last

Mailing Address Info

Same as Student

Address

Address

Address

City

State

ZIP

-

Email Address

Phone Number

Please enter at least one

() - Select

() - Select

() - Select

Relationship to Student

Select

Learning Coach? Select

A learning coach is the adult assigned to oversee the progress of the student's education. The coach will have a separate Username and Password and have access to information necessary regarding student advancement. Each student must have a learning coach.

Emergency Contact? Select

ADULT 2

Name

First

Last

Mailing Address Info

Same as Student

Address

Address

Address

City

State

ZIP

-

Email Address

Phone Number

Please enter at least one

() - Select

() - Select

() - Select

Relationship to Student

Select

Learning Coach? Select

A learning coach is the adult assigned to oversee the progress of the student's education. The coach will have a separate Username and Password and have access to information necessary regarding student advancement. Each student must have a learning coach.

Emergency Contact? Select