


**HILLTOP CHRISTIAN SCHOOL
NEW STUDENT APPLICATION**

P.O. BOX 9090
WINDOW ROCK, AZ 86515
office@hilltopchristian.net
www.hilltopchristian.net
Phone: 505-371-5726 / Fax: 505-371-5773

FOR OFFICE USE ONLY	
Gender	Grade
Start Date:	
Withdrawal Date:	
Updated Immunization	
Copy of Birth Certificate	
Copy of Certificate of Indian Blood	
Date received:	
Date of records request:	

Resident of: (circle one) NM AZ Physical Address: _____

REQUIRED BIRTHDAY FOR STUDENTS ENTERING KINDERGARTEN and FIRST GRADE		
Kinder - 5 years old by Sept 1, 2025		First Grade – 6 years old by Sept 1, 2025

Please fill in the following information legibly and accurately. This is the information HCS will use to get in touch with you when needed. This will include illness or injury while at school, special events or changes in schedule, school closings related to weather or utility problems, or emergency procedures.

Multiple student families please complete only one form if the information is the same for all children.

STUDENT NAME / GRADE: _____ D.O.B. _____
 STUDENT NAME / GRADE: _____ D.O.B. _____
 STUDENT NAME / GRADE: _____ D.O.B. _____
 STUDENT NAME / GRADE: _____ D.O.B. _____

Allergies: _____

Application process:

- Complete student application and return to office with registration fee. Please complete an application for each new student in your family.
 - Include withdrawal form from previous school, copies of report cards, standardized testing, and inform HCS of any special educational or physical needs.
- Birth certificate (copy)
 - Certificate of Indian blood (if applicable)
 - Updated immunization record
- Schedule screening test
- Schedule family interview.

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian: _____ Relationship: _____

Mailing Address: _____

P.O. Box _____ City _____ State _____ Zip Code _____

1st Phone #: _____ Mother’s Father’s Other

2nd Phone #: _____ Mother’s Father’s Other

E-mail: _____ Mother’s Father’s Other

E-Mail: _____ Mother’s Father’s Other

Employer: _____ Work Phone # _____

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian: _____ Relationship: _____

Mailing Address: _____

P.O. Box _____ City _____ State _____ Zip Code _____

1st Phone #: _____ Mother’s Father’s Other

2nd Phone #: _____ Mother’s Father’s Other

E-mail: _____ Mother’s Father’s Other

E-Mail: _____ Mother’s Father’s Other

Employer: _____ Work Phone # _____

**EMERGENCY CONTACT AND PEOPLE AUTHORIZED TO CHECK OUT STUDENT
(Do not include parents/guardians listed above.)**

1st Contact: _____ Phone #: _____

name relationship

2nd Contact: _____ Phone #: _____

name relationship

3rd Contact: _____ Phone #: _____

name relationship

4th Contact: _____ Phone #: _____

name relationship

- *We, the undersigned, desire to enroll our child / children in Hilltop Christian School for the 2025-26 school year. We have answered the above questions truthfully and to the best of our ability. We understand that the school personnel will rely on the information provided.*
- *I agree to keep my contact information current at all times. Contact information includes mailing address, e-mail address, and telephone numbers.*
- *I agree to cooperate with and support the administration, teachers, and support staff of HCS.*
- *I will support and follow the policies and procedures of the school.*
- *I agree to communicate directly any concerns I may have with the appropriate individual.*

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____

If parents are separated or divorced, with whom does the child live? _____

Church family attends: _____ Pastor: _____

Please indicate tribe or ethnicity (race): _____ Primary language spoken in the home: _____

Navajo Nation Chapter: _____

Allergies (especially foods): _____

Medications: _____

Child's special interests or hobbies: _____

- School student is currently attending: _____
- Is the student currently succeeding academically? _____
- Does the student now, or in the past have a 504 Plan or IEP? _____
 - Reason for 504 Plan or IEP _____
- Has the student been involved in any supplemental programs such as speech, Title 1, others? _____
 - Please provide details _____
- Are there any other areas of learning concerns? _____
 - Please provide details _____

- Has the student experienced any social or behavioral problems at school? _____
 - Please provide details _____
- Has the student ever been suspended or expelled from school? _____
 - Please provide details _____
- **To be completed by the parent or guardian**
 - Why do you want your child(ren) to attend Hilltop Christian School? _____

2025-26 Tuition and Fees / Agreement

Student Name _____

Grade _____

Registration Fees (Nonrefundable)

Student registration (new and returning students) begins March 3. Registration is on a first come / first served basis.

- **\$150 – Per student (\$300 maximum per family) - Must be paid for student to be considered enrolled, ESA funds cannot be used for this fee.**

Annual Tuition

- **Kinder -8th Grade = \$4,500 (includes books, supply fees, most field trip expenses)**
- 1. **HCS accepts the Arizona Educational Scholarship Application (ESA) for tuition.** The first semester payment must be submitted to HCS by August 10, 2025.
- 2. **All Non-ESA payments are made through FACTS. FACTS is a tuition management company used by HCS for payment of tuition not covered by the Arizona ESA.**
 - a. **To enroll in FACTS** information and registration call: (866) 441-4637 or go to - <http://online.factsmgt.com/signin/46Q1Q>
 - b. Please read FACTS information carefully for payment options, service charges, late payment / NSF fees.
 - c. **Tuition is due on the 1st day of each month beginning in July and continuing through May. There is no tuition payment due in January if your account is current.**
- 3. Hilltop will add a 2% fee to cover the service charge for any payments made online (ESA or FACTS)
- 4. If payment is not made within 30 days of the due date, the child/children will not be allowed to attend class until the account is current.
- 5. **Eagle Scholarship – Available to all New Mexico residents and AZ residents who do not qualify for ESA.**
(Contact the school office for more information.)

After School Care (ASC):

- \$5.50 charge per child/hour, until 5:30 PM. After 5:30 PM a \$10.00 late pick up fee will be charged for every 15 minutes.
- Parents will be billed monthly through FACTS for After Care hours. (noted as “Incidental Expenses”.)

Children Not Enrolled in After School Care:

- Children who are not picked up by the designated pick-up time (3:30 PM) will be taken to After School Care.
- A \$10.00 late pick up fee will be charged for every 15 minutes for any child at school after the designated pick-up time. This will be charged through FACTS.

I have read the information concerning tuition and other fees regarding my child/children as a student at Hilltop Christian School. I agree to the following by signing below:

- ✓ *I agree to sign up for FACTS and pay registration, non-ESA tuition, aftercare, and all other fees in a timely manner according to the payment plan.*
- ✓ *I agree that if I am eligible for the Arizona ESA I will have the process completed with the first semester payment received to HCS no later than August 10.*
- ✓ *I agree that if my account becomes 30 days past due, I will keep my child/children at home.*

Method of payment: Monthly _____ By semester _____ Annual payment _____ ESA _____

Parent’s/Guardian’s Name (print)

Signature

Date

Parent's/Guardian's Name (print)

Signature

Date

REQUEST FOR TRANSFER OF CUMULATIVE RECORDS

The following student has enrolled at Hilltop Christian School. Please forward an official copy of his/her transcript. Please include standardized tests scores, census date, attendance record, immunization record, and any behavioral records. Thank you!

School last attended: _____

Address: _____
City State Zip

Phone: _____ FAX: _____

School Email: _____

Name of student: _____

Date of birth: _____ Grade: _____

Email to: office@hilltopchristian.net
Attn: Registrar

or Mail to:

Hilltop Christian School
P. O. Box 9090
Window Rock, AZ 86515
Attn: Registrar

Note that student records cannot be released without consent of the parent, guardian or student (if over age 18).

Signature of Parent/Guardian

Date

Signature of Student (if over age 18)

Date

Aftercare Enrollment 2025-26

Starts at 3:30 PM – Ends no later than 5:30 PM

- **\$25.00** per child – Annual nonrefundable fee.
- **\$5.50 charge per child / per hour**- parents will be billed monthly through FACTS.
- **\$10.00** late pick-up fee will be charged for each 15 minutes for any child left at school after the 5:30 PM. This will be charged through FACTS.

NO ELECTRONIC DEVICE - May be brought to After School Care such as cell phones, iPods, etc..

- | | |
|------------------------|--|
| 1. Name & Grade: _____ | \$32 will be charged to our FACTS account. |
| 2. Name & Grade: _____ | \$32 will be charged to our FACTS account. |
| 3. Name & Grade: _____ | \$32 will be charged to our FACTS account. |
| 4. Name & Grade: _____ | \$32 will be charged to our FACTS account. |

Your signature gives us permission to add aftercare charges to your account.

Parent/Guardian (Print)

Parent/Guardian Signature and date.
