

# Heritage Christian School New Family/Student Application 2021-2022

**For Office Use Only**

Received \_\_\_\_\_ Date: \_\_\_\_\_  
Interview \_\_\_\_\_  
Registration fee paid \_\_\_\_\_

**A NONREFUNDABLE FEE OF \$75 MUST ACCOMPANY THIS APPLICATION PER STUDENT**

Student Name & Grade: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relation to student \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relation to student \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

With whom does the child(ren) reside? \_\_\_\_\_

Are there special child custody provisions? \_\_\_\_\_ If so, please provide documentation

I/We hereby authorize HCS to obtain all scholastic information and files from all previous schools. Yes/No

Please describe the type of previous instruction that your child has received (ex: home schooled, public schooled, etc.) Also include the length of instruction (in years) and the name of the school.

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

Has student ever been expelled, suspended, re-assigned or asked to leave any school for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever been bullied or been disciplined for bullying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is or has student been under the care of a Psychologist/Psychiatrist? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student been tested for or do you feel that your child could potentially have any of the following?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give dates:

- |                                  |  |
|----------------------------------|--|
| _____ Speech/Language            | _____ Attention Deficit/Hyperactivity Disorder |
| _____ Attention Deficit Disorder | _____ Dyslexia                                 |
| _____ Learning Disabilities      | _____ Communication Delay                      |
| _____ Occupation Therapy         | _____ Neuropsychological Evaluation            |
| _____ Other                      |  |

Has student ever been on an IEP or ISP? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If answered yes, please attach a copy or further explanation.

Has student ever had a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If answered yes, please attach a copy or further explanation.

We understand that sometimes there are unforeseen circumstances, but to the best of your knowledge what are your future education plans for enrollment with HCS?

1 year \_\_\_\_\_ Keep child/children enrolled in future years \_\_\_\_\_

Family Size: \_\_\_\_\_ Are you enrolling all your children? \_\_\_\_\_

Is parent or guardian of the student enrolling an alumni of HCS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what years did you attend? \_\_\_\_\_

Please explain why you would like your child(ren) to attend HCS.

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Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern and his/her relationship with God. We appreciate your assistance in helping us to know your child better. \_\_\_\_\_

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Pastoral reference: Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal reference: Name \_\_\_\_\_ Phone \_\_\_\_\_

Church now attending: \_\_\_\_\_ Phone \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

How did you hear about HCS? \_\_\_\_\_

*I have completed this application truthfully, to the best of my knowledge, and give permission to HCS to contact listed references.*

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)