

HERITAGE CHRISTIAN SCHOOL
Application for Admission

STUDENT INFORMATION

Date: _____ New Student _____ Re-Enrollment _____ Grade Entering _____

First Name: _____ Middle _____ Last _____

Student's Birthday: _____ Gender: M / F

Student's Address: _____ City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Student lives with*: ___ Mother/Father ___ Mother/Stepfather ___ Father/Stepmother **Any court ordered custody issues must be clearly stated in current court papers, please attach a copy.*
___ Mother ___ Father ___ Other

Emergency Contact _____

(other than parent and local)

Home Phone # _____ Cell Phone # _____

PARENT INFORMATION

Father's Name: _____ **Daytime Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail Address:** _____

Employer's Name: _____ **City:** _____

Mother's Name: _____ **Daytime Phone** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail Address** _____

Employer's Name: _____ **City** _____

Step Parent / Guardian: _____ **Daytime Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail Address:** _____

Employer's Name: _____ **City:** _____

SEE REVERSE SIDE

ENROLLMENT INFORMATION

Last School Attended: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Grades Attended: _____ Reason for leaving: _____

Has the student had any problems with discipline, social adjustment, or civil authority? _____ If yes, explain: _____

Does the student have any learning disabilities? If yes, explain _____

CARPOOL INFORMATION

I give permission for the following people to pick my student(s) up from school: _____

MEDICAL/ALLERGY INFORMATION

Does the student have any medical conditions? _____

If yes, is it life threatening? _____

Does the student have any **food allergies**? _____

If yes, list instructions for treatment: _____

Is the student allergic to **bee stings**? Yes / No **Personal Epi-Pen** on site: Yes / No

I/We submit this application for admission to Heritage Christian School. By doing so, we declare that all the information included in this application is true and correct.

Father's / Guardian's Signature

Date

Mother's / Guardian's Signature

Date

Office Use Only

Amount Paid _____ Check # _____ Admit Date _____

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