

**APPLICATION FOR ADMISSION
HERITAGE CHRISTIAN SCHOOL**

239 Mount Herman Road, Hudson, NC 28638
Phone (828) 726-0055 ♦ Fax (828) 728-2459
www.heritagechristianschool.info

OFFICE USE ONLY

Grade to Enter _____
Pastor's Referral Received..... _____
Statement of Faith Signed..... _____
Registration Fee Paid _____
Tuition Plan: Weekly ___ Monthly ___
Book Fee Paid..... _____
Records Requested _____

STUDENT INFORMATION Application Date: _____

Student Name _____
(Last) (First) (Middle) (Goes by)

Address _____ City _____ Zip _____ Phone _____

Sex _____ Date of Birth ____ / ____ / ____ Age _____ Last Grade completed _____ Grade entering _____

FAMILY INFORMATION

Father's name _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Mother's name _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Guardian's name (if applicable) _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Guardian's relationship to student _____ Home Phone _____

Parent's marital status: Married, Single, Separated, Divorced, Widowed

Student lives with: Both Parents, Father, Mother, Guardian, Joint Custody

If billing and correspondence should NOT be sent to the above address, then give the billing and correspondence address below:

To: _____ Address _____ City _____ St _____ Zip _____

In an Emergency, call:

Name _____ Relationship _____ Phone _____

List the names of other school age children in the family who are NOT applying for enrollment this year:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Reason for not applying: _____

If you cannot pick up your child, who else is authorized to do so ?

(1) _____

(2) _____

(Please send or email a picture if possible.)

RELIGIOUS INFORMATION

Father / Guardian: Church currently attending _____ Member: Yes _____, No _____
Do you attend church weekly? Yes____, No _____,

Mother / Guardian: Church currently attending _____ Member: Yes _____, No _____
Do you attend church weekly? Yes____, No _____

Student: Do you attend church weekly? Yes____, No _____

MEDICAL INFORMATION

Family Doctor: _____ Phone _____

SCHOLASTIC INFORMATION

1. Has the student ever been expelled, dismissed, suspended, or refused admission to another school? Yes____ No _____

(If yes, please explain): _____

2. Has the student ever been in trouble with the law, arrested, etc.? Yes____ No _____

(If yes, please explain): _____

3. Has the student ever used tobacco or drugs of any kind? (If yes, explain): _____

4. Is there anything in your child's background of a moral, psychological, or sociological nature of which the principal should be aware? (if yes, explain): _____

5. Has the student ever failed a grade (elementary) or subject (high school) in school? (If yes, explain): _____

6. Please indicate the academic level of the student's previous work: Excellent____, Good____, Avg. _____, Poor____, Failing____

GENERAL INFORMATION

Last school attended: _____
School Address City State Zip Area code & Phone

Please explain why you wish to enroll your child in a Christian School. _____

FINANCIAL INFORMATION

- 1. How do you wish to pay your account? Monthly payments _____, Weekly Payments _____
- 2. Will you need Morning and /or Afternoon Extended School Day service? Morning _____, Afternoon _____, Both _____
- 3. Kindergarten Only: Which option do you want? Full Day _____, Half Day _____

In making application for my child it is my desire to have him complete the school year 20____ - 20____. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

Parent / Legal Guardian signature _____ Date _____