

**Heritage Christian Academy**  
615 Mack Todd Road  
Zebulon, NC 27597

Date of Registration \_\_\_\_\_  
Grade Entering \_\_\_\_\_  
Amount Paid \_\_\_\_\_

## ***Elementary Application***

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. Nickname Age \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

### **Information About The Family:**

Mother/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

Student's Insurance Carrier \_\_\_\_\_ Member # \_\_\_\_\_

Name of last school attended (new students only): \_\_\_\_\_  
Address: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### **Emergency Care Information:**

Name of child's doctor \_\_\_\_\_ Office phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of child's dentist \_\_\_\_\_ Office phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

If neither father nor mother can be contacted, call (please list relationship):

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Office phone \_\_\_\_\_  
Name \_\_\_\_\_ Home phone \_\_\_\_\_ Office phone \_\_\_\_\_

If you cannot pick up your child, please give the names of persons to whom the child may be released:

\_\_\_\_\_

Does your child have any known allergies? No: \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group settings (such as playing, eating and sleeping habits, special fears, special likes or dislikes): \_\_\_\_\_

\_\_\_\_\_

**Church Background:**

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_  
Denomination/Affiliation \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

**Father/Guardian:** Have you accepted Jesus Christ as your personal Savior? Yes \_\_\_ No \_\_\_  
Do you attend church regularly? Yes \_\_\_ No \_\_\_

**Mother/Guardian:** Have you accepted Jesus Christ as your personal Savior? Yes \_\_\_ No \_\_\_  
Do you attend church regularly? Yes \_\_\_ No \_\_\_

**Dress Standards:** (must be completed on each applicant)

I have read and understand the "Dress Code" (pgs. 19-21 of handbook) and agree to uphold them for my child: Father: Yes \_\_\_ No \_\_\_ Mother: Yes \_\_\_ No \_\_\_

**Student's Academic History:**

Has the student ever failed any grades? \_\_\_ If yes, which grade(s)? \_\_\_\_\_ How many days was the student absent from school during the previous school year? \_\_\_ If the student is transferring during a school year, how many days has the student been absent during the current school year? \_\_\_ If absent either year for more than ten (10) days, please explain: \_\_\_\_\_

Has the student ever been in special placement classes for the learning disabled, mentally handicapped, emotionally handicapped, etc.? \_\_\_\_\_ If yes, please describe the type of special placement: \_\_\_\_\_

Has the student ever been expelled from any school? \_\_\_\_\_ If yes, please give the school name, date of expulsion, and reason: \_\_\_\_\_

Has the student ever demonstrated any behavior problems in school? \_\_\_ If yes, please explain: \_\_\_\_\_

Student's grade average is: \_\_\_ A (Superior) \_\_\_ B (Above Average) \_\_\_ C (Average)  
\_\_\_ D (Below Average) \_\_\_ F (Failing)

**Handicaps:**

To the best of your knowledge, is this student handicapped in any of the following areas to the extent that such handicap would affect his/her ability to learn or perform satisfactorily in school:

**Visual:** Does the student wear glasses or contact lenses? \_\_\_ If yes, must they be worn only for reading or at all times? \_\_\_\_\_

**Auditory:** Does the student have any partial deafness or other hearing problems? \_\_\_ If yes, please explain: \_\_\_\_\_

**Speech:** Does the student have any speech impairment or difficulty? \_\_\_ If yes, please explain: \_\_\_\_\_

**Emotional/Social Adjustment:** Does the student have any emotional or social problems? \_\_\_ If yes, please explain: \_\_\_\_\_

**Statement of Cooperation:**

It is the desire of Heritage Christian Academy to provide quality training in a good Christian atmosphere. Heritage Christian Academy is not liable for any injury at school or during any school activity, or for illness occurring to the student while at school. I give my student permission to take part in all school activities, including sports' activities and trips away from the church/school premises of Heritage Christian Academy. This statement of cooperation will be in effect for as long as my student attends Heritage Christian Academy.

**Discipline:**

Heritage Christian Academy has the desire for school and home to work together through the scriptural guidance of Proverbs 22:6, "Train up a child in the way he should go." Building strong Christian character is as important as academic training; therefore, disobedience will not be tolerated. When a student breaks the rules, discipline is administered. When a student requires discipline, he receives it with love, kindness, and counseling with prayer.

**Parents ~ Please sign the following:**

I agree that the school may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I agree that the school may provide transportation to an appropriate medical resource in the event of an emergency. I agree to pay for emergency treatment and transportation to a local hospital. I understand that the school will not administer any drug or any medication without specific instructions from a physician or the student's parent or guardian.

I understand that HCA accepts no liability for accidents and/or injuries occurring on school property or school functions (field trips, ball games, etc.).

I agree to hold the school and its personnel harmless for any liability to my child because of any claim on behalf of my child. Should, for any reason, legal action be taken against HCA or its personnel on behalf of my child, and HCA or its personnel not be found at fault, I agree to pay any attorney's fees, court fees, damages, or other costs that the school or its personnel should incur to defend itself against such action.

I agree to the financial statement of the school (pages 11&12 of the Student Handbook) and pledge my full cooperation and support to this school in the education and training of my child. I understand that no records will be released until all accounts with HCA are paid in full.

I have read (in its entirety), understand, and agree to abide by the HCA Student Handbook. I pledge to abide by the standards set forth in the handbook with my full cooperation and support to Heritage Christian Academy.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date