

Heartland Christian Academy
101 Nations Blvd. - Bethel, MO 63434-9742
Phone: 660-284-6300 Fax: 816-817-0391

Application for Admission
2017-2018

ENROLLMENT DATE/YR: _____ WITHDRAWN DATE: _____

Full Name: _____ ENTERING GRADE: _____

Home Address: _____
Street

City / State / Zip Code Social Security Number

Phone Number: _____ Birthdate: _____ Age: _____

Email: _____

Which parent should receive communication?	Mother	Father	Guardian	Either
---	--------	--------	----------	--------

Parent or Guardian Information

Father's Name: _____ Address: _____
(Specify if different from student's home address & home number)

Home Phone Number: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Mother's Name: _____ Address: _____
(Specify if different from student's home address & home number)

Home Phone Number: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Person (s) Authorized to Take Child From School: (circle) mother father guardian

EMERGENCY CONTACT IF YOU CANNOT BE REACHED (Both must be completed)
--

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: H) _____ Phone: H) _____

W) _____ W) _____

C) _____ C) _____

SCHOLASTIC INFORMATION

◆ You must have your child's previous school information. ◆ The phone number is very important.

Previous School Attended: _____

Phone Number of School: _____ (You must supply a phone number)

Fax Number if known: _____

Grades Attended: _____

Reason Student
withdrawn: _____

Has student ever been on academic or social probation, suspended, or expelled from school? Y N

If yes, for what
reason: _____

Home Situation
(specify deceased parents, divorced, adoption, foster, etc):

Please Complete the Following Statement

This student is being enrolled at Heartland Christian Academy specifically because...

STUDENT HEALTH

Are you aware of any special learning situations (L.D.-B.D.-A.D.D.)? Circle Y N

If yes, please explain: _____

Please describe any illness, physical disabilities, or special medical needs which may have an effect on this student's health or schoolwork: _____

Medical Screening Permission Authorization

This Student has permission to take part in the following screening: (Please Circle)

VISION: Yes No

HEARING: Yes No

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

My child's immunizations are currently up-to-date per Missouri State guidelines and are attached to this application.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

PARENTAL AGREEMENT

Philosophy: Each of the undersigned parent(s) or guardian(s), hereinafter referred to as Parent, has read the Heartland Christian Academy (HCA) Parent/Student Handbook, and understands the **discipline policy**, as well as the **statement of faith, philosophy, missions statement, and the educational objectives of HCA.**

Parental Involvement: Parent recognizes that the educational program of HCA is complemented through active parental involvement. Parental involvement may include fundraising activities, attendance at school activities and parent meetings, support of the homework policy, and an ongoing communication with the student’s teacher and school staff.

Grievance Procedure: Parent agrees to discuss any grievance in private with the teacher or staff member involved. If the grievance cannot be resolved between Parent and HCA teacher or staff member, the cooperation of the Principal will be enlisted.

Damages: Parent agrees to pay for damages caused by the student.

Liability: Parent hereby releases HCA from all liability, except negligence, while student is under school care and responsibility.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

