

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

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Application for Admission  
2018-2019

ENROLLMENT DATE (mm/dd/yy): \_\_\_\_\_ WITHDRAWN DATE: \_\_\_\_\_ (office use only)

Full Name: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City / State / Zip Code Social Security Number

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Which parent should receive communication?</b>	Mother	Father	Guardian	Either
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**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: \_\_\_\_\_

<b>Person (s) Authorized to Take Child From School: (circle)</b> mother    father    guardian
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<b>EMERGENCY CONTACT IF YOU CANNOT BE REACHED (Both must be completed)</b>
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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withdrawn: \_\_\_\_\_  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

