

Parent's Email Address _____

Heritage Christian Academy Co-op and Tutorial
2009-10 Application for Admission

Student Information

1. Student _____ Grade in 2009-10 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial T-shirt size (circle A/C): _____ SS# _____ Graduate in 2010? Y/N
2. Student _____ Grade in 2009-10 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial T-shirt size (circle A/C): _____ SS# _____ Graduate in 2010? Y/N
3. Student _____ Grade in 2009-10 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial T-shirt size (circle A/C): _____ SS# _____ Graduate in 2010? Y/N
4. Student _____ Grade in 2009-10 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial T-shirt size (circle A/C): _____ SS# _____ Graduate in 2010? Y/N

Home Address _____ City _____ Zip _____
Home Phone (_____) _____

Family Information

Father's Name _____ Cell Phone _____
Father's Employment _____ Business phone _____
Circle one: GED Diploma College Degree My degree is in _____
Mother's Name _____ Cell Phone _____
Mother's Employment _____ Business Phone _____
Circle one: GED Diploma College Degree My degree is in _____

Please describe any gifts or talents you possess that may benefit our group. This can include the gifts of teaching, administration, encouragement, the arts, contacts, etc. _____

Children must be 5 years old by September 1 to be in Kindergarten co-op classes.

Are any of the above students allergic to anything that we need to be aware of? _____ Explain _____

Do any of the students above have any diagnosed learning disabilities? Yes ___ No ___ If yes, explain on back.

Name of the last school you were enrolled with (public, private or umbrella) _____

Are you a member of HSLDA? _____ Are you a member of MTHEA? _____ Have you read the state laws and constitution to be aware of your limitations and responsibilities? ___ Have you read the HCA handbook at our website? ___

Would you be willing to be a mentor to a new family? ___ If you are new this year, would you like to have a mentor? ___

Are you interested in having your business listed in our business directory? ___ Give all listing info on back of this form.

Has student or anyone in your family been convicted of a felony or been in jail? ___ If so, please explain on back.

New families only: Name of Co-op or Tutorial that you have been a member of _____

Reason for leaving _____

How did you hear about Heritage Christian Academy? _____

Briefly state why you want to join HCA _____

Briefly state why you choose to homeschool _____

Personal References

1. Pastor Name _____ Church Name _____
Church Phone _____ How long have you attended this church? _____ Denomination _____

2. Personal Reference _____ Phone _____
Relationship _____

Tutorial Parents Only:

Does student smoke? _____ Has student ever been expelled or suspended from any school? _____

Is student married or been married? _____ Is student a parent? _____ Has student been involved in a gang? _____

Has student been arrested? _____ Is or has student been pregnant? _____ Has student ever been involved in a cult? _____

If you answered yes to any of the above questions, explain on the back of this form.

HCA does not accept students who are married, pregnant, have children, have been arrested, been expelled, uses drugs, has a problem with authority/respect for others or conducts themselves in other ways that would be displeasing to God.

Is student a believer/follower of Christ? _____

Has student and parent read and agreed to follow the Tutorial Dress Code? _____ with a good attitude? _____

Co-op Parents Only: As the teaching parent, I am willing to sign a Statement of Faith attesting to the fact that I am a follower of Christ. Yes ___ No ___ If no, please explain. _____

Preschool children needing care during the weeks that you teach:

Child's name _____ Child's age _____ Child's birthdate _____ Circle one: M F

Child's name _____ Child's age _____ Child's birthdate _____ Circle one: M F

Child's name _____ Child's age _____ Child's birthdate _____ Circle one: M F

Thank you for taking time to complete this application and your interest in Heritage Christian Academy.

You will be contacted after we have reviewed your application and contacted your references.

Parent's signature below assures that the above information is correct and grants HCA permission to verify given data.

Date _____