

Parent's Email Address _____

Heritage Christian Academy Co-op and Tutorial 2011-12 Application for Admission

Student Information

1. Student _____ Grade in 2011-12 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial **T-shirt size (circle A/C):** _____ SS# _____ Graduate in 2012? Y/N
2. Student _____ Grade in 2011-12 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial **T-shirt size (circle A/C):** _____ SS# _____ Graduate in 2012? Y/N
3. Student _____ Grade in 2011-12 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial **T-shirt size (circle A/C):** _____ SS# _____ Graduate in 2012? Y/N
4. Student _____ Grade in 2011-12 school year _____ Birth date _____ Circle one: M F
Check one: ___ Co-op ___ Tutorial **T-shirt size (circle A/C):** _____ SS# _____ Graduate in 2012? Y/N
Home Address _____ City _____ Zip _____
Home Phone (_____) _____

Are you a member of HSLDA? _____ Are you a member of MTHEA? _____
If you would like to join HSLDA, please use our discount number: 210005. You are not required to join.
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? _____
Name of the last school you were enrolled with (public, private or umbrella) _____
To register to take the ACT college test, our school code is 431-601. You may register at www.actstudent.org.

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 _____

Optional: Please describe any gifts or talents you possess that may benefit our group, including the gifts of teaching, administration, encouragement, the arts, contacts, time available on Fridays, cleaning, etc. _____
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.
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 _____
How many years have you homeschooled your children? _____

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 (Grades 7-12):

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, use drugs, have a problem with authority/respect for others or conduct themselves in other ways that may 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 (Grades K-6): 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 on back of this form.

Has student ever been expelled or suspended from any school? _____ Would you be willing to be a mentor to a new family? _____

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

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

Thank you for your interest in Heritage Christian Academy. You will be contacted after we have reviewed your application. Parent's signature below assures that the above information is correct, grants HCA permission to verify given data, allows use of their children's pictures on our school website and yearbook, and verifies that parent will participate in school fundraiser. Co-op parents agree to meet co-op teaching expectations, and all parents agree to honor teacher's payments for the entire year.

Parent's signature _____ Date _____