

East Campus
Elementary/Central Office
9333 W 159th St
Overland Park, KS 66221
Phone: 913/681-7622
FAX: 913/851-8056

HERITAGE CHRISTIAN

A C A D E M Y

West Campus
Junior High/Senior High
16000 Blackbob Rd
Olathe, KS 66062
Phone: 913/782-3262
FAX: 913/397-0804

SIBLING APPLICATION FOR ADMISSION

All information must be complete for application to be considered.

Date of Application: _____

FAMILY INFORMATION

Student Name: _____

Social Security No.: _____ Grade student will be attending: _____

Date of Birth: _____ Place of Birth: _____ Current Age: _____ Sex: _____

Natural Father: _____ Cell Phone: (____) _____

Home Address: _____

Home Telephone: (____) _____ *street* Work Telephone: (____) _____ *city state zip*

Employer: _____ Position/Title: _____

Employer Address: _____

Natural Mother: _____ *street* Cell Phone: (____) _____ *city state zip*

Home Address: _____

street city state zip

Home Telephone: (____) _____ Work Telephone: (____) _____

Employer: _____ Position/Title: _____

Employer Address: _____

street city state zip

Other children in family:

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Natural parents are: _____ Married _____ separated _____ legally divorced
_____ natural mother deceased _____ natural father deceased

If natural parents are divorced/separated, who has legal custody of child? _____

(please turn to complete)

FAMILY INFORMATION (continued)

Is either parent forbidden by court order from having access to child or school records? _____
(If yes, written documentation will be required before enrollment)

If student does not live with natural father and mother:

Student lives with: _____ natural mother only _____ natural mother and stepfather
_____ guardian _____ natural father only _____ natural father and stepmother

Guardian's/Stepparent's name: _____

Employer: _____ Position/Title: _____

Employer Address: _____
street city state zip

Grandparents: _____

Home Address: _____
street city state zip

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Grandparents: _____

Home Address: _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Has any of the student's guardians/parents or anyone else living in the student's home been convicted of a felony? If so, please identify the person(s):

SCHOOL INFORMATION

Please list and detail your child's previous school experience (including previous school):

<i>School</i>	<i>Address</i>	<i>Grades/Years Attended</i>
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HEALTH INFORMATION

Applicant's physician: _____ Telephone: (_____) _____

Is there any medical reason applicant cannot participate in the physical program here? If yes, please explain:

If you have further information which may assist in the education of your child at Heritage Christian Academy, such as pertinent medical or other data of which the school should be aware, please indicate below.

Proof of immunization and a recent physical must be provided prior to enrollment.

HERITAGE CHRISTIAN A C A D E M Y

PARENT CONTRACT

As parent or legal guardian of the applicant student(s), my signature below indicates that I have read, understand, and agree with the Parent Contract in making application for my child to attend Heritage Christian Academy.

- I agree to support the standards of the school in every area of its philosophy and policies, including academic, behavioral, spiritual, moral, disciplinary and dress code policies.
- I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
- I agree to support the school to the best of my ability through attendance and participation in the various school activities.
- I agree to support—to the best of my ability--the school's entire program through prayer, time and financial gifts.
- Further, in the event my child becomes ill or is injured while under school supervision, I hereby give my approval for the school authorities to take the following steps:
 1. Contact a parent of the child and follow his instructions.
 2. Contact the child's physician and follow his instructions, in the event neither parent can be reached.
 3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the child's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Principal, or his/her designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Principal, or his/her designee, Heritage Christian Academy and Redeemer Presbyterian Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

- I understand that this application cannot be considered without the non-refundable application fee and that, if my child is enrolled, I agree to the payment policies as listed in the school's fee schedule.
- I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible to pay the full tuition (unless otherwise decided by the Board) for the academic year. Records will not be forwarded to another school until all financial obligations have been satisfied.
- Heritage Christian Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason deemed necessary. Neither this application nor payment of fees is considered to be binding upon Heritage Christian Academy.
- If legal action is required to collect tuition, the undersigned will be responsible to pay reasonable attorney fees.

Student's Name: _____

Signed: _____ Date: _____
Father's signature

Signed: _____ Date: _____
Mother's signature

BOTH PARENTS MUST SIGN THIS CONTRACT

Heritage Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education policies, admissions policies, scholarships, athletics or any other school-administered programs.

HERITAGE CHRISTIAN

A C A D E M Y

School Reference

This form is to be completed by a teacher or principal from your child's most recently attended school and returned by him/her to: Heritage Christian Academy, 9333 West 159th St., Overland Park, KS 66221-9524 Attn: Admissions.

Student Name: _____ Grade: _____

Parent Names: _____

Parents' Signatures: _____ / _____

EMOTIONAL BEHAVIOR

	A	S	N
Adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows age-appropriate maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK HABITS

	A	S	N
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins class assignments promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works carefully and neatly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to class instructions and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares for class discussions and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assigned homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL READINESS

	A	S	N
Respects property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Enters into play with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carries out responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Is able to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A - Above Average special effort and achievement
 S - Satisfactory progress consistent with ability
 N - Needs Improvement or more effort if progress is to be consistent with ability or age

PHYSICAL DEVELOPMENT*

*Small muscle control (cutting/coloring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Large muscle control (running/throwing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**for Kindergarten/1st grade only*

Comments: _____

I recommend this applicant for academic promise:
 ___ enthusiastically ___ strongly ___ fairly strongly ___ without enthusiasm ___ not recommended

I recommend this applicant for character and personal promise:
 ___ enthusiastically ___ strongly ___ fairly strongly ___ without enthusiasm ___ not recommended

Signature: _____ Date: _____

Name: _____ Title: _____
(please print)

School: _____ Phone: (____) _____

Address: _____
street city state zip

HERITAGE CHRISTIAN A C A D E M Y

PARENTAL SUMMARY of STUDENT HEALTH

Student Name: _____

HEALTH CONDITIONS: (check those that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Frequent Stomach Aches	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart/Blood Disease	<input type="checkbox"/> Special Dietary Regimen
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Surgeries
<input type="checkbox"/> Ear Infections (chronic)	<input type="checkbox"/> Bone Disease/Fractures	<input type="checkbox"/> Contact Lenses/Glasses
<input type="checkbox"/> Throat Infections (chronic)	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Emotional Disturbances		

Please explain any items checked above and include information useful to the teacher in relation to student's condition:

ALLERGIES: (check those that apply)

<input type="checkbox"/> Animals	<input type="checkbox"/> Insects	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Foods	<input type="checkbox"/> Environment	<input type="checkbox"/> Medicine/Drugs
<input type="checkbox"/> Other <i>Please list:</i> _____		

Describe specific allergens (which foods, types of animal, etc.) and symptoms exhibited:

Is your child restricted from participating in any school physical education activity? If so, which and why?

School last attended: _____

School attendance last year: _____ Excellent _____ Good _____ Fair _____ Poor

Are there any other health factors the school should know about?

I know of no health reason(s), other than the information indicated on this form, that would prevent my child from participating in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained on my child's behalf.

Parent Signature: _____ Date: _____

Physician: _____ Phone: (_____) _____

Address: _____

Dentist: _____
street city state zip

Address: _____

Preferred Hospital: _____
street city state zip

HERITAGE CHRISTIAN

A C A D E M Y

PHYSICIAN'S STUDENT HEALTH ASSESSMENT

Confidential

Statement of Consent: *In order to better serve the health needs of my child, I hereby give my permission for the transfer of health screening records to Heritage Christian Academy and other appropriate health professionals.*

Signed: _____ **Date:** _____

Address: _____

Father/Guardian: _____ street Work Phone: (____) _____ city Home Phone: (____) _____ state zip

Name: _____ Birthday: _____ Male/Female: _____

Mother/Guardian: _____ Work Phone: (____) _____ Home Phone: (____) _____

Child lives with: _____ Type of family housing: _____

Physician: _____ Date of last examination: _____

Dentist: _____ Date of last examination: _____

School: _____ Community Services: _____

FAMILY HEALTH HISTORY

1. Are there any chronic illnesses in student's family?

(heart disease, diabetes, cancer, convulsions, mental illness, substance abuse, etc.)

2. Are there any vision defects, hearing losses or spinal deformities in student's family?

Code _____ Comment _____

Response Codes: M-maternal P-paternal S-sibling N/A-not applicable

CHILD/ADOLESCENT HISTORY

1. Birth weight: _____
2. Any pre-natal or delivery problems? _____
3. Did child walk/talk/develop at usual time? _____
4. Does this child/adolescent:
 - a. see a health care provider regularly? _____
 - b. take any medication? _____
 - c. have a history of any hospitalizations, surgeries or emergency room visits? _____
 - d. have a history of any childhood disease? _____
 - e. have a history of other communicable diseases? _____
 - f. have a history of menstrual problems? _____
Age of menarche: _____
 - g. have a history of vision, speech, hearing or communication problems? _____
 - h. have a problem with being tired or overactive? _____
 - i. have any emotional or behavioral problems? _____
 - j. need any special help in school or daycare? _____

Code _____ Comment _____

Response codes: Y-Yes N-No N/A-Not applicable

- k. have any chronic illness or disabling problems with: *(circle those that apply)*
- | | | | | |
|------------------|-----------------------|---------------|---------------------|-------|
| headache | convulsions | diabetes | earaches heart/lung | colds |
| rheumatic fever | genitalia oral/dental | extremities | back/spine | |
| allergies/asthma | digestive | urinary/bowel | other | |

Please explain:

List any present concerns:

(please turn over to continue)

PHYSICAL EXAMINATION (to be completed by health care provider approved to perform health assessments)

Height _____ Weight _____ Pulse _____ Blood Pressure _____
 Lead _____ Urinalysis _____ Sickle Cell _____ Tuberculosis _____
 Head Circumference _____ Other _____

	Code	Comment
General Appearance	_____	_____
Integument	_____	_____
Head/Neck	_____	_____
EENT	_____	_____
Oral/Dental	_____	_____
Thorax	_____	_____
Breasts	_____	_____
Cardiovascular	_____	_____
Abdomen	_____	_____
Muscular/skeletal	_____	_____
Genito-urinary	_____	_____
Neurological	_____	_____

Code: o - no significant findings X - significant findings

SCREENING

1. Nutritional Evaluation (all ages, each screen)

Food Intake Review results:

milk/milk products: _____

fruit/vegetables: _____

meat/beans/eggs: _____

bread/cereals: _____

2. Development: type of screen: _____ Results: _____

3. Speech: type of screen: _____ Results: _____

2. Hearing: type of screen: _____ Results: _____

2. Vision: type of screen: _____ Results: _____

Anticipatory Guidance: (circle those discussed)

Safety/poisons Behavior Dental Discipline Nutrition Hygiene Development Immunizations Parenting Other: _____

Comments:

Significant Assessment Findings:

Recommendations: (include referrals)

Follow Up:

IMMUNIZATION: (record date of each dose received: mm/dd/yy)

RECOMMENDED VACCINE					
VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DtaP and/or DT/Td Required for school entry.					
OPV or IPV (Polio) Required for school entry.					
MMR (Measles, Rubella and Mumps combined) Required for school entry.					

NOT REQUIRED BUT RECOMMENDED VACCINE			
VACCINE	1 st	2 nd	3 rd
HEP B (Hepatitis B Vaccine) Recommended for all children.			
HEP A (Hepatitis A Vaccine) Not required for school entry.			
HIB (Haemophilus Type B) Recommended for children 2- 59 months.			
Varicella (Chicken Pox) Recommended for children older than 12 months.			

Signature: _____ Date: _____

Licensed Physician or Nurse approved to perform health assessments

ADDITIONAL MATERIAL MAY BE ATTACHED

HERITAGE CHRISTIAN A C A D E M Y

HERITAGE CHRISTIAN ACADEMY EMERGENCY NUMBER & RELEASE FORM

DATE: _____

LAST NAME _____ HOME PH: _____

Child's Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Please list phone numbers in the sequence we should call.

MOTHER

Name: _____

Phones: Number _____ Type (work/home/cell/pager) _____

Workplace: _____ Location: _____
(company name) (major cross streets nearby)

FATHER

Name: _____

Phones: Number _____ Type (work/home/cell/pager) _____

Workplace: _____ Location: _____
(company name) (major cross streets nearby)

(Over)

**In case of emergency and parent/guardian cannot be reached,
contact (*in this order*):**

- | | |
|------------------------------|------------------------|
| 1. Name: _____ | Day phone: _____ |
| Relationship to child: _____ | Secondary phone: _____ |
| 2. Name: _____ | Day phone: _____ |
| Relationship to child _____ | Secondary phone: _____ |
| 3. Name: _____ | Day phone: _____ |
| Relationship to child _____ | Secondary phone: _____ |

If I am unable to pick up my child, he/she may be released to:

- | | |
|----|------------------------------|
| 1. | Name: _____ |
| | Phone: _____ |
| | Relationship to child: _____ |
| 2. | Name: _____ |
| | Phone: _____ |
| | Relationship to child: _____ |
| 3. | Name: _____ |
| | Phone: _____ |
| | Relationship to child: _____ |

**IF ANY OF THIS INFORMATION CHANGES DURING THE YEAR,
PLEASE CONTACT THE SCHOOL OFFICE.
WE CANNOT RELEASE YOUR CHILD WITHOUT
ADVANCED WRITTEN AUTHORIZATION FROM A PARENT!!!!**

Please submit the completed application to:
Heritage Christian Academy
Central Office (East Campus)
9333 West 159th Street
Overland Park, Kansas 66221-9524

If you have any questions, please call
913/681-7622

**REQUEST for
CONFIDENTIAL
RECORDS**

HERITAGE CHRISTIAN

A C A D E M Y

9333 WEST 159TH STREET – OVERLAND PARK, KS 66221 PHONE 913/681-7622 FAX 913/851-8056

Student Name _____ DOB _____ Applying for grade _____

Present or last school attended _____

School Street Address _____

City/State/Zip _____ Phone _____ FAX _____

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby requests release to Heritage Christian Academy (HCA) copies of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

_____ *Date*

_____ *Signature of Parent or Guardian*

TO PRINCIPAL OR GUIDANCE COUNSELOR:

We would appreciate you promptly sending the following documents:

- ◆ Complete student transcript with most recent grade card records
- ◆ Standardized test results
- ◆ Any specialized testing results or placement in special programs
- ◆ Immunization and health and health records
- ◆ All disciplinary records or official statement of disciplinary action

PLEASE MAIL OR FAX TO:

Heritage Christian Academy - Central Office
9333 West 159th Street
Overland Park, KS 66221
FAX 913/851-8056