



# Heritage Christian School

## Pre – Admission Application

**2023-2024**

Heritage Christian School

225 Newton Ave. Bridgeport, WV 26330

[www.hcswv.org](http://www.hcswv.org) (304)842-1740

# Heritage Christian School Admissions Application

All sections must be completed in its entirety for the applicant(s) to be considered for enrollment.

Mark sections NA if not applicable.

	Last Name	First Name	MI	Occupation	Employer	Work Phone
Father						
Mother						
Guardian						

	Number and Street	City	State	Zip Code	Home Phone
Child's Residential Address					

Marital Status (check applicable boxes)

	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced
Father								
Mother								
Guardian								

We would like to enroll the following children:

	First Child	Second Child	Third Child
First Name			
Middle Name			
Last Name			
Name Child Goes By			
Gender – M or F			
Grade to Enter (Ex. 1 <sup>st</sup> Gr.)			
Year to Enter (Ex. 2023)			
Age / Birth Date			
Child by birth, adopted or previous marriage?			

In case of emergency, contact:

Name	Address	Telephone	Relationship
1.			
2.			
3.			

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have any of the applicants ever repeated a grade? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, applicant's name \_\_\_\_\_ Grade repeated: \_\_\_\_\_

Have any of the applicant's ever been tested for special needs? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, explain)

\_\_\_\_\_

Please check all mental, emotinal or physical impairments for children (Response will be held confidential.)

Child's Name	ADHD/ ADD	BD/ Behavior Disorder	Autism/ Asperger's Syndrome	Seizures	Diabetes	Hearing Imp/ Eye Correct.	Allergies	Other Medical / Learning Disabilities

Have any of the applicants experienced such disciplinary actions as detentions, suspension, expulsion, probation, or police records? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, applicant's name: \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous School Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Church or denominational affiliation:

None

Church Now Attending

Frequency

Father			Regularly	2-3 times per month	Monthly	<6 times per year
Mother			Regularly	2-3 times per month	Monthly	<6 times per year
Guardian			Regularly	2-3 times per month	Monthly	<6 times per year

Email Address:

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

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

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

Other Family Email: \_\_\_\_\_

References:

Name	Address	Phone	Relationship to Student

How did you hear about Heritage Christian School? \_\_\_\_\_

Please explain in your own words why you want your child to attend Heritage Christian School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Heritage Christian School mission and vision statement:

Our Mission:

To provide a God-permeated, Christ-centered, high-quality education.

Our Vision:

To prepare students spiritually, scholastically, and relationally for a life of Biblical moral standards, responsible leadership and service to others.

I/We have read and support the mission/vision statement of Heritage Christian School.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

**Submission of this application does not guarantee admission to Heritage Christian School.**