

# Form #3 Student Enrollment Application Form

**Heartland High School & Heartland Academy**

810 South Cedar, Belton, Missouri 64012 (816) 331-1000 Fax (816) 322-2782

Application Date \_\_\_\_\_ Grade to enter \_\_\_\_\_ Year 2010 - 2011

Child's Legal Name \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle (name child goes by)

Home Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Listed \_\_\_\_\_ Unlisted Please include area codes for **all** phone numbers.

Does your child have a cell phone? \_\_\_\_\_ Student cell phone number: \_\_\_\_\_

Public School District you reside in \_\_\_\_\_

	Natural Father	Natural Mother
Full Name	Mr. ___ Dr. ___ Other ___	Mrs. ___ Ms. ___ Dr. ___ Other ___
Address		
Home Phone	( )	( )
Employer		
Work Phone	( )	( )
Position/Title		
Education Level		

Ck Appropriate Parents Married \_\_\_ Parents Divorced \_\_\_ Parents Separated \_\_\_ Single Parent \_\_\_  
 Father Remarried \_\_\_ Lives with Father \_\_\_ Mother Remarried \_\_\_ Lives with Mother \_\_\_  
 Father Deceased \_\_\_ Mother Deceased \_\_\_

Stepparent(s)	Name	Name
Address		
Home Phone		
Employer		
Work Phone		

Person/Persons to receive grade cards and any communication concerning this student.  
 Name \_\_\_\_\_ Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

If natural parents are not in the same household, please give legal custody arrangements.

**(Please furnish us a photocopy of current custody judgment.)**

Who will be responsible for financial obligations? \_\_\_\_\_

Is there anything special you wish to bring to our attention? \_\_\_\_\_

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

### Religious Information

Church attending \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Has student made a profession of Faith in Christ? \_\_\_\_\_  
 Father: Christian \_\_\_\_\_ yes \_\_\_\_\_ no      Mother: Christian \_\_\_\_\_ yes \_\_\_\_\_ no

### Academic Information

School last attended \_\_\_\_\_ Grade \_\_\_\_\_  
 Has student repeated any grade? \_\_\_\_\_ Why? \_\_\_\_\_

Has student ever had any discipline problems? \_\_\_\_\_ Explain \_\_\_\_\_

Has student been expelled or suspended from school? \_\_\_\_\_ If so, state reason: \_\_\_\_\_

Has student ever been in trouble with the law or used illegal substances? Explain \_\_\_\_\_

*Attach a copy of the most recent standardized achievement test and grade card for your child.*

How did you hear about our school? \_\_\_\_\_

State your reason for wanting to enroll your child in our school. \_\_\_\_\_

### Authorization and Medical Records

Please list who may pick up your child and/or make medical decisions for them. List them in the order you would like them to be called (**starting with parents**).

	Name	Relationship	Phone # <small>(Please indicate home, work or cell)</small>	Authorization	
				Pick Up	Medical
1			( )		
			( )		
2			( )		
			( )		
3			( )		
			( )		
4			( )		
			( )		
5			( )		
			( )		
6			( )		
			( )		

Is your child receiving medical treatment at present? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

May we have permission to give your child Tylenol (acetaminophen) or Advil (ibuprofen) for minor aches or pains, headache, or elevated temperature? \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

How often does your child see the Dentist? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

May we have permission to use the name or likeness of your child in publications relating to the activities of Heartland Family Ministries. This may include print or broadcast media and may include advertisements for enrollment or special events. \_\_\_\_\_

Enrolling Parent's signature \_\_\_\_\_ Date \_\_\_\_\_