

Application

for Heritage Hall Christian School

Office Use

Date Recv'd _____

By _____

ALL LEVELS

year 20-21

Family Applicant (step-parents or grandparents—who should be contacted regarding this application)

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Father (Step-father, Male Guardian)	Preferred Email Address
Home Address		Preferred Phone
City	State	Zip

<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Mother (Step-mother, Female Guardian)	Preferred Email Address
Home Address <input type="checkbox"/> Same as above		Preferred Phone
City	State	Zip

Student Applicant(s)		PRESCHOOL	<input type="checkbox"/> 5-DAY HALF-DAY <input type="checkbox"/> 5-DAY FULL-DAY <input type="checkbox"/> Full Day w/ XC
Applicant's Legal Name (First, Middle, Last)			
Applicant's Birth Date	Applicant's Age	Applicant's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Has applicant previously attended preschool? <input type="checkbox"/> yes <input type="checkbox"/> no		Has applicant previously been in daycare? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, name of Preschool		If yes, name of Day Care	
Preschool Director's name	Director's Phone	Day Care Director's name	Director's Phone

Applicant's Legal Name (First, Middle, Last)	Applying for Grade _____
Applicant's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB Age
School last attended	City State

Applicant's Legal Name (First, Middle, Last)	Applying for Grade _____
Applicant's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB Age
School last attended	City State

Applicant's Legal Name (First, Middle, Last)	Applying for Grade _____
Applicant's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB Age
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Applicant's Legal Name (First, Middle, Last)	Applying for Grade _____
Applicant's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB Age
School last attended	City State

NOTE: An additional Student Questionnaire and Pastor's Evaluation Form is required for Applicants in grades 7-12.



Visit us online at www.hhcsuncie.org

Call us at (765) 289-6371

Email us at office@hhcsuncie.org

Heritage Hall Christian School does not discriminate on the basis of race, color, gender, and national or ethnic origin.

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Church Information

Does your family regularly attend a Bible preaching church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Church	
Church Address		City	
Pastor's Name		Phone Number	
May we call your pastor for a recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Salvation Testimony (Parent 1)

Please describe your salvation experience and relationship with Christ.

Salvation Testimony (Parent 2)

Please describe your salvation experience and relationship with Christ.

Briefly state below why you desire to enroll your child(ren) in Heritage Hall Christian School.



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