

# HEALTH & LEARNING INFORMATION

Heritage Hall Christian School  
 6401 W River Road  
 Muncie IN 47304  
 Phone: 765-289-6371  
 FAX: 765-213-2245  
 www.hhcsuncie.org

STUDENT NAME: \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_

EDUCATIONAL NEEDS	Please Check:		If yes, explain:
• Repeated a grade	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• *Has an IEP (Individualized Education Plan)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	*See Below
• Diagnosed learning disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Diagnosed attention disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Received modifications or accommodations in the classroom	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Received tutoring outside of school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Been enrolled in speech therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

BEHAVIORAL NEEDS	Please Check:		If yes, explain:
• Has been suspended from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Has been expelled from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Has been asked to withdraw from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Has a criminal or court record	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Has been/is currently on probation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

PHYSICAL NEEDS	Please Check:		If yes, explain:
• Diagnosed physical disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Medical condition or specific health need	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Emotional need	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Takes regular prescription medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please list:
• Has allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please list:
• Been pregnant, had/have a child, or fathered/have a child	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
• Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

- The school will not automatically reject your application based upon the answers to these questions, however, providing false answers will result in an expulsion.
- The parent/guardian must present the most recent IEP for administrative review at the time of the parent/student interview.
- Please use additional paper for detailed explanations.
- Heritage Hall Christian School does not discriminate on the basis of race, color, gender, national or ethnic origin in its admission policies and practices. In striving to meet the needs of every student entrusted to its care, it is imperative that the above information is as accurate as possible. The admissions committee will make the final decision in regards to providing the best possible environment to meet the needs of each individual student.
- To the best of my knowledge, the above information is accurate and true.

 Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*Heritage Hall Christian School exists for the purpose of providing a thoroughly Christ-centered, Bible-believing educational program that will prepare students academically, physically, socially, and spiritually for service to God and country. Our mission is to assist Christian parents in the training of their children to conform to the image of the Lord Jesus Christ.*