

HEARTLAND CHRISTIAN SCHOOL
1995 WEST FOURTH STREET
COLBY, KANSAS 67701
785-460-6419
WWW.hcscolby.org

STUDENT APPLICATION FORM

STUDENT INFORMATION

Name of Applicant _____
(First) (Middle) (Last)

Social Security # _____

Grade to Enter _____ Birthdate _____

School Last Attended _____

Address _____
(Street/Route) (City) (State) (Zip)

Has Applicant ever repeated a grade, been suspended or expelled? _____

Before entering kindergarten, parents must provide the school with appropriate health department shot records unless they appeal because of personal conviction. Health records should be made available if coming from a home school.

Has the applicant ever made a profession of faith in Christ? Yes ___ No ___ Age ___

Why do you wish to send your child to Heartland Christian School? _____

How did you hear about Heartland Christian School? _____

FAMILY INFORMATION

Father's Name _____ Father's Cell Phone _____

Father's Address _____ Father's Work Phone _____

Father's Work Place _____ Father's email address _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Address _____ Mother's Work Phone _____

Mother's Work Place _____ Mother's email address _____

Applicant lives with: (Check One) _____ Father & Mother _____ Guardian
_____ Father Only _____ Mother Only

Has either parent been divorced? _____ Is child by present marriage? _____

Is Child adopted? _____

Is there any special information concerning adoption, separation, divorce, child custody, visitation rights or other situations that the school should be aware of? _____ If so, please explain _____

Is Father a Christian? _____ Is Mother a Christian? _____

Please list all of the children in your family:

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH INFORMATION

Church now attending _____

Church Address _____
(Street/Route) (City) (State) (Zip)

Pastor's Name _____ Phone # _____

Are you a member? _____ How frequently does your family attend services? _____



PARENTS OR GUARDIAN

Please make a full statement describing your personal Christian experience and faith: _____

STUDENT HEALTH RECORD
(Please include a copy of student's immunization record)

Student's Name _____ Date of Birth _____ Grade _____

Height _____ Weight _____ Any Physical Disability? _____ If so,

Please explain _____

Is child taking any medication? _____ If yes, please explain _____

Does child present with any difficulties such as: **Diabetes** _____ **Asthma** _____ **Auditory** _____

Structural or muscular _____ **Heart** _____ **Speech** _____ **Allergies** _____ **Hearing** _____

Other _____

Has this student ever been on an IEP or is presently on one? _____. Please elaborate!

Does this student have any educational concerns that we should know about? Please explain!

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident or illness, I hereby authorize Heartland Christian School to take my child to:

(Name of Health care Provider) (Address) (Phone #)

or to the following Hospital _____

or to another physician.

Date _____ Signed _____ Parent/Legal Guardian

Date _____ Signed _____ Parent/Legal Guardian

Please indicate (2) persons to be contacted in case of emergency. (other than parents)

Name _____ Address _____ Phone _____

Relationship _____

Name _____ Address _____ Phone _____

Relationship _____

FIELD TRIP ACTIVITY RELEASE FORM

2022-23 SCHOOL YEAR

I give permission for my child _____, to take part in all school activities, including sports and school-sponsored trips away from school premises for the 2020-21 school year. I further absolve Heartland Christian School from liability to me or my child because of injury to my child at school or during any school activity.

Parent's Signature _____ Date _____

My children and I _____ have read and agree to abide by the guidelines and regulations set forth in the Parent/Student Handbook.

I give Heartland Christian School permission to use or post photos of my child(ren) on the School website, promotional materials, social media, etc.

Please Initial: Yes _____ No _____

FINANCIAL INFORMATION: Tuition schedule runs from June – May for the school year.
(As per Financial Fact Sheet)

Payment Procedures as stated in the Parent/Student Handbook.

Option #1: Pre-pay the full amount of the school year. Total payment must be received by the first day of school.

Option #2: Pre-pay the full amount of a semester. Total payment of the first semester must be received by the first day of school and payment of the second semester must be received by the day school resumes in January.

Option #3: Sign up for monthly **auto debit**. Tuition payments will be drawn on the first or tenth of each month.

Option #4: If unusual circumstances have created a financial problem, an immediate request must be made to the School Treasurer for a board review. This request must be made swiftly, so that the BOE may make the review at the next monthly BOE meeting.

Option #5: All enrolled families must be current with tuition in order to enter school in The fall and retain priority placement for the following year.

Heartland Christian School Admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. Heartland Christian School does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

I understand the terms and conditions of payment as stated in this agreement and Parent/Student Handbook.

(Parent/Guardian's Signature)

(Date of Signature)



TRANSCRIPT REQUEST

MAIL TO:

Heartland Christian School
1995 West Fourth
Colby, KS 67701
Phone number (785) 460-6419
Fax number (785) 460-8337

I give permission to release all school records including medical, testing, and Special services records to the above school.

Full Legal Name of Student	Date of Birth	Grade
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School Last Attended

Street/Route	City	State	Zip
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Signature of Parent or Legal Guardian	Date
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Updated: June 2022

SCHOOL USE ONLY

Date Application Received _____

\$150.00 due at enrollment; after June 15th, enrollment fees for returning families will increase to \$300.00. Registration fees are non-refundable and are due with the application. (\$300.00 late fee is for returning families only, while new enrollees remain at \$150.00 per student).

Financial Information - auto debit _____ Monthly choice 1st 10th 20th

Birth Certificate Received _____

Transcripts Received _____

Immunization Records _____

Well Child Check / Sports Physical _____

Testing Completed (if needed) _____

Online Permission & Insurance/Health Forms _____

Computer Fee & / or Sports Fee (JH & HS only) _____

Interview _____

Accepted/Rejected _____

Date of Acceptance _____