

HEARTLAND CHRISTIAN SCHOOL  
1995 WEST FOURTH STREET  
COLBY, KANSAS 67701  
785-460-6419  
[WWW.hcscolby.org](http://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? \_\_\_\_\_

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**PARENTS OR GUARDIAN**

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

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**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:

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(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.

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(Parent/Guardian's Signature)

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(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.

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Full Legal Name of Student	Date of Birth	Grade
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School Last Attended
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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 1<sup>st</sup> 10<sup>th</sup> 20<sup>th</sup>

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 \_\_\_\_\_