

Please check appropriate blanks.

- | | | |
|---|---|--|
| <input type="checkbox"/> Both parents are living. | <input type="checkbox"/> Parents live together. | <input type="checkbox"/> Father has remarried. |
| <input type="checkbox"/> Father is deceased. | <input type="checkbox"/> Parents are separated. | <input type="checkbox"/> Mother has remarried. |
| <input type="checkbox"/> Mother is deceased. | <input type="checkbox"/> Parents are divorced. | <input type="checkbox"/> Applicant adopted by step-parent. |
-
- | | |
|---|--|
| <input type="checkbox"/> Applicant lives with father. | <input type="checkbox"/> Applicant lives with step-father. |
| <input type="checkbox"/> Applicant lives with mother. | <input type="checkbox"/> Applicant lives with step-mother. |
| <input type="checkbox"/> Applicant lives with _____ | _____. |
- relationship*

Record of Previous Schooling:

Grade	Name of School	Location (City/State)
Preschool	_____	_____
Kindergarten	_____	_____
Prefirst	_____	_____
Grade 1	_____	_____
Grade 2	_____	_____
Grade 3	_____	_____
Grade 4	_____	_____
Grade 5	_____	_____
Grade 6	_____	_____
Grade 7	_____	_____

Name of current principal or headmaster _____

Has applicant ever repeated a grade? _____ If yes, please indicate which grade? K 1 2 3 4 5 6 7

Has applicant had diagnostic educational testing? _____ If yes, by whom? _____

Siblings:

_____	_____	_____	_____	_____	_____
Name	Age	Current School	Name	Age	Current School
_____	_____	_____	_____	_____	_____
Name	Age	Current School	Name	Age	Current School

Relatives Who Have Attended The Heiskell School:

_____	_____	_____	_____	_____
Name	Grades	Relationship	Name	Grades
_____	_____	_____	_____	_____
Name	Grades	Relationship	Name	Grades

How did you learn about The Heiskell School? _____

Student's Name: _____

Grade _____ in Fall of _____

Extracurricular Interests:

Please describe special experiences/interests/talents of applicant, including church activities, athletics, the arts, camping, hobbies, scouting, travel, or other.

Emergency Information:

Name of Student's Doctor (_____) _____
Doctor's Telephone

Name of Student's Dentist (_____) _____
Dentist's Telephone

Name of Student's Orthodontist (_____) _____
Orthodontist's Telephone

Does the school have your permission to administer Tylenol to your child if the need arises? _____ *

Does applicant take any medication on a regular basis? _____ If yes, please specify:

Has applicant had any of the following health problems?

____ Asthma ____ Convulsions ____ Allergies to _____ **
____ Chronic Bronchitis ____ Severe Headaches ____ Other _____

Does applicant have health problems which might affect school work? _____ If yes, please specify:

In case of emergency if parents cannot be reached, please contact:

Name

Name

Relationship

Relationship

(_____) _____
Home Telephone Work Telephone

(_____) _____
Home Telephone Work Telephone

Name

Name

Relationship

Relationship

(_____) _____
Home Telephone Work Telephone

(_____) _____
Home Telephone Work Telephone

*Please note that no medication is administered at school without written permission from the parent or guardian.

**If your child is allergic to insect stings and it is necessary to treat him immediately when he is stung, please bring his medication to the school office. The medicine should be marked clearly with your child's name and the dosage to be administered. A signed permission slip must accompany the medication.

Student's Name: _____

Statement of Parent or Guardian

In signing this application, I subscribe to the following school policies:

1. The school has full discretion in the grade placement of students.
2. The teachers and administrators have full discretion in the discipline of students.
3. The school reserves the right to request the withdrawal of any student who does not meet school standards of conduct or academic achievement.
4. The school reserves the right to dismiss any student who fails to cooperate with school policies.
5. School records including transcripts, progress reports, and report cards are released only when all of the student's accounts are current.
6. Christian education is a cooperative undertaking between the school, parents and student. Consequently, the educational philosophy, objectives, and policies of the school must receive the support of both parent and student at and away from school. The lack of such support may be grounds for not being permitted to re-enroll and, in extreme cases, for dismissal from school.

In signing this application, I acknowledge the following terms of enrollment. If my child is admitted to and enrolled in The Heiskell School, I commit to the following responsibilities and agree to fulfill them:

1. In signing the enrollment contract, I assume responsibility for all tuition and fees for the **full** school year. I acknowledge that my obligation is unconditional. Withdrawal, absence, or dismissal do not release me from my obligation to pay the full amount of the annual tuition. (The enrollment contract must be signed and returned before a child is considered enrolled at The Heiskell School.)
2. I accept my responsibility to keep my financial obligations current without invoice.
3. I hereby release and indemnify The Heiskell School, its officers, directors, teachers, and agents from any liability or damage arising as a result of injuries to my child while attending school or a school function, while being transported to or from school, or while being transported to or from a school function.
4. I make a commitment to attend conferences and Parent-Teacher Fellowships.
5. I understand the purpose, philosophy, and goals of The Heiskell School and subscribe to them fully.
6. I agree to participate in my child's formal education by participating in school activities. Furthermore, I agree to cooperate with and give my support to the teachers and administrators.

In signing this application, I grant the following permissions:

1. I hereby give permission for my child to participate in all field trips and extracurricular activities authorized by The Heiskell School.
2. I hereby give my permission for pictures taken of my child during any school activity to be used by The Heiskell School for publications.
3. I hereby give The Heiskell School authority to authorize medical treatment for my child, including but not limited to treatment provided by a hospital, physicians, nurses or other medical personnel.

Father's Signature

Mother's Signature

Date

Date

Application Fee

An **application fee** of \$75 must be submitted with the completed application form. This fee is nonrefundable. Applications will not be reviewed until the application fee is paid.

*"Train up a child in the way he should go; and when he is old,
he will not depart from it."
Proverbs 22:6*

The Heiskell School

Student Information

Child's Name: _____ Grade in the Fall: _____

At The Heiskell School we view the school as an extension of your home. In order to help us know your child better, we would like to know more about his life away from school and at home. This information will enable us to minister more effectively to your child individually by helping us understand his spiritual, emotional, social, and physical needs as well as his academic needs.

~ Please describe your child. Include a description of what you feel is special about your child as well as a description of activities you enjoy together.

~ Describe the kind of responsibilities your child has at home.

~ Briefly describe your child's after school and weekend activities. Please include any competitive activity in which he is involved and any honors which he has received.

~ Describe the activities your child enjoys during his unstructured, free time.

~ If your child has experienced any long term illness, separation from a parent through divorce or the loss of a loved one through death, please share any details we need to know.

Parent's Signature: _____ Date: _____