

**HERITAGE CHRISTIAN ACADEMY**  
**190 E. El Roblar Ave.**  
**Ojai, CA 93023 (805)646-0139**

**STUDENT APPLICATION**

**TO PARENTS AND GUARDIAN:**

The following is needed for the school records, and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing "none" in spaces not relating to you, we know you have not omitted anything.

Student's full name \_\_\_\_\_ Age \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Boy      Girl      Last      First      M  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Present Address \_\_\_\_\_

Street      City      State      Zip  
Status of Parents: Together      Divorced      Separated      Remarried

Name of Father or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name      Address

Name of Mother or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Name      Address

Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name      Number      Name      Number

Grandparents \_\_\_\_\_  
Name      Address      City      State      Zip

Grandparents \_\_\_\_\_  
Name      Address      City      State      Zip

School last attended \_\_\_\_\_  
Name      Address      City      State      Zip

Other children under 18 years of age living with the family.  
Name      Date of Birth      School Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church that your family attends? \_\_\_\_\_ Regularly?    Yes    No

Address \_\_\_\_\_ Pastor \_\_\_\_\_

Does the student understand the plan of salvation? \_\_\_\_\_ Is the student born again? \_\_\_\_\_

Are the Parents/Guardian born again?      \_\_\_\_\_ Father      \_\_\_\_\_ Mother

**OFFICE USE ONLY**

Date Rec'd. \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check    Cash    Rec'd. by \_\_\_\_\_ Interview date \_\_\_\_\_

## STUDENT HEALTH HISTORY

Please check the illnesses your child has had from birth to now. Include dates, if known, and important details.

	ILLNESS	COMMENT	DATE		ILLNESS	COMMENT	DATE
	ALLERGY				SCARLET FEVER		
	CHICKEN POX				POLIOMYELITIS		
	RUBELLA				RHEUMATIC FEVER		
	MEASLES				PNEUMONIA		
	MUMPS				OTHER		
	WHOOPING COUGH						

Please list any operation, serious injuries, serious illnesses or other existing physical conditions \_\_\_\_\_

\_\_\_\_\_

Is your child at present under medical treatment or medication? Yes      No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any type of medication?      Yes      No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child require a special diet?      Yes      No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have, or has every had, any of the following? (Circle and explain below)      Hay Fever

Seizure disorders      Asthma      Heart Murmur      Diabetes      Kidney disease

\_\_\_\_\_

\_\_\_\_\_

Does your child ever sleep walk?      Yes      No

Can your child swim?      Yes      No

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity?      Yes      No      If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List any health or behavior problems which you or your family physician feel should be known to the school authorities

\_\_\_\_\_

\_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Ins. Number \_\_\_\_\_

### **MEDICAL TREATMENT AUTHORIZATION**

I UNDERSTAND THAT I WILL BE NOTIFIED IN THE CASE OF A MEDICAL EMERGENCY INVOLVING MY CHILD. HOWEVER, IN THE EVENT THAT I CANNOT BE REACHED, I AUTHORIZE THE CALLING OF A DOCTOR AND/OR THE TAKING OF MY CHILD TO AN EMERGENCY ROOM AND PROVIDING THE NECESSARY MEDICAL SERVICES IN THE EVENT MY CHILD IS INJURED OR BECOMES ILL. I UNDERSTAND THAT HERITAGE CHRISTIAN ACADEMY WILL NOT BE RESPONSIBLE FOR MEDICAL EXPENSES INCURRED, BUT THAT SUCH EXPENSES WILL BE MY RESPONSIBILITY AS PARENT/GUARDIAN.

I AGREE TO NOTIFY HERITAGE CHRISTIAN ACADEMY IN THE EVENT OF ANY HEALTH CHANGES WHICH WOULD RESTRICT MY CHILD'S PARTICIPATION IN ANY NORMAL YOUTH OR CHILDREN'S ACTIVITIES. I ALSO UNDERSTAND THAT THE ADULT SUPERVISORS RESERVE THE RIGHT TO RESTRICT MY CHILD FROM ANY ACTIVITY THAT THEY DO NOT FEEL IS WITHIN THE PHYSICAL CAPABILITIES OF MY CHILD.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **ARBITRATION AGREEMENT**

If I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with Heritage Christian Academy and/or its legal corporate entity, in keeping with I Corinthians 6:1, I agree to submit to a board of conciliation, rather than taking the dispute to a civil court. Members of said board will be mutually selected by myself and officials of the school. I agree the procedure to be followed, including costs involved, would be that which has been established by the Christian Legal Society.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### GENERAL STUDENT INFORMATION

State briefly your reason for changing schools and wanting your child enrolled in Heritage Christian Academy.

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How, or from whom, did you hear about our school? \_\_\_\_\_

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Has your child had any scholastic difficulties in school?      Yes      No      If applicable, include any information about having to repeat any grade or academic expulsion. \_\_\_\_\_

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Has your child hand any disciplinary difficulty in school?      Yes      No      If yes, please explain \_\_\_\_\_

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Has your child ever been suspended or expelled from school for disciplinary reasons?      Yes      No      If yes, please explain \_\_\_\_\_

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Has your child had any involvement with drugs, smoking, or alcoholic beverages?      Yes      No      If yes, please explain \_\_\_\_\_

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Has your child ever been absent for a long period of time?      Yes      No      If yes, please explain \_\_\_\_\_

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Does your child have any physical, emotional, or other problems that may affect attendance or behavior?      Yes  
No      If yes, please explain \_\_\_\_\_

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Please state your child's special interests, skills or hobbies. \_\_\_\_\_

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Is it likely that your child will attend our school for the full year?      Yes      No

### CHILD RELEASE AUTHORIZATION

NAMES OF PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE FACILITY  
(Child will not be allowed to leave with any other person without written authorization from parent or guardian)

NAME	RELATIONSHIP

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SIGNATURE OF PARENT OR GUARDIAN

DATE