

Application

Heritage Christian Academy
530 Union Mill Road
Mount Laurel, N.J. 08054
(856) 234-1145

This section to be completed by the school:

Date of Application:	_____	Grade Entering:	_____
Registration Fee:	_____		
Entrance Test Results:	_____	Additional Fees	
Transcripts:	_____	* Student Activity	_____
Health Records:	_____	* Kindergarten Cot	_____
Interview:	_____	* Textbooks	_____
Acceptance:	_____		

Please Complete Front and Back of Application:

Student Information: Name: _____

Address: (Address) _____ (Town) _____ (Zip) _____

Date of Birth: _____ Male: _____ Female: _____

Address of school last attended: (Name of School) _____
(Street) _____
(City/Town) _____ (Zip) _____

Student's grade in school last attended: _____

Parent/Guardian Information:

Father (First/Last): _____ Email: _____

Mother (First/Last): _____ Email: _____

Are parents separated or divorced? (yes) _____ (no) _____

Guardian's name (if not Mother or Father): _____ (Relationship) _____

Home Phone: _____ Business: (Father) _____ (Mother) _____

Cell Phone: (Father) _____ (Mother) _____

Emergency Contact: _____ Contact's Number: _____

Father's (Guardian's) Employer: _____

Mother's Employer: _____

Complete on Back

General:

Has child repeated any grade? _____ If so, what grade? _____

Has child ever been dismissed or suspended from any school? _____

If yes, please explain: _____

Were you referred by a Heritage Christian Academy parent? Yes ____ No ____

If yes, what is their name: _____

Grandparent's Information

Maternal grandparents:

Grandmother's full name: _____

Grandfather's full name: _____

Address: _____

Phone number: _____

Paternal grandparents:

Grandmother's full name: _____

Grandfather's full name: _____

Address: _____

Phone number: _____

Church Information:

Name of Church: _____

Mailing Address: _____

Pastor's Name: _____

Signature of Parent (guardian): _____