

# APPLICATION FOR ADMISSION

## HEIRWAY CHRISTIAN ACADEMY

6758 SPRING STREET  
DOUGLASVILLE, GEORGIA 30134

**Payment of Application Fee must accompany all applications. (Non-refundable)**

Date Received \_\_\_\_\_

Date to Begin School \_\_\_\_\_ Date Tested \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted (Yes/No) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Birth date \_\_\_\_\_

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

(Or person with whom child lives)

(Or person with whom child lives)

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax, Beeper, Cellular No. \_\_\_\_\_ Fax, Beeper, Cellular No. \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

E- Mail Address \_\_\_\_\_ E- Mail Address \_\_\_\_\_

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### OFFICE USE ONLY:

**Date Received** \_\_\_\_\_  
**Application Fee Paid** \_\_\_\_\_  
**Book & Materials Fee Paid** \_\_\_\_\_  
**Financial Policy Signed** \_\_\_\_\_

**Birth Certificate** \_\_\_\_\_  
**Immunization Record** \_\_\_\_\_  
**Accepted Date** \_\_\_\_\_  
**Withdrawal Date** \_\_\_\_\_

**FAMILY INFORMATION - CONTINUED**

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Education: Check H.S. ( ) Coll. ( ) Dgr. ( ) Education: Check H.S. ( ) Coll. ( ) Dgr. ( )

Married ( ) Widowed ( ) Div. ( ) Sep. ( ) Married ( ) Widowed ( ) Div. ( ) Sep. ( )

List of Applicant's Brothers \_\_\_\_\_ Ages \_\_\_\_\_

Sisters \_\_\_\_\_ Ages \_\_\_\_\_

**Name of Persons to Notify in Case of Emergency (Other than Parent):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

If you or your doctor cannot be contacted in case of emergency, may the principal call another doctor or emergency clinic? \_\_\_\_\_

Is your signature on file with your family doctor, authorizing him to care for your child in an emergency? If no, we recommend that you do so.) \_\_\_\_\_

May the school administer Tylenol for a simple headache or slight fever if the need arises? \_\_\_\_\_

**SPIRITUAL INFORMATION**

Church Attending: \_\_\_\_\_

Church Address \_\_\_\_\_ Phone \_\_\_\_\_

Pastor \_\_\_\_\_ Pastor's Address \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your Pastor for a Pastor's Recommendation?

\_\_\_\_\_

Have the following ever made a public profession of faith in Jesus Christ?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Applicant \_\_\_\_\_

Our family (including applicant) attends church:

Check one: Regularly \_\_\_\_\_ Irregularly \_\_\_\_\_ Seldom \_\_\_\_\_

## SCHOLASTIC INFORMATION

School Last Attended: \_\_\_\_\_ Phone \_\_\_\_\_

School Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Previous Academic Performance: Excellent ( ) Good ( ) Fair ( ) Poor ( )

Has child ever participated in an accelerated or advanced scholastic program? \_\_\_\_\_  
If yes, please explain briefly. \_\_\_\_\_

Does child have any outstanding abilities the school should know about? Musical \_\_\_\_\_ Athletic \_\_\_\_\_ Other \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Has your child ever failed in school? If yes, please explain briefly. \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been expelled, dismissed, suspended or refused admission to any school? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had scholastic or disciplinary difficulties? \_\_\_\_\_ If yes, please explain.  
\_\_\_\_\_

Has your child ever been in trouble with the law/or arrested? \_\_\_\_\_ If yes, please explain.  
\_\_\_\_\_

## PHYSICAL INFORMATION

Date of last physical check up: \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Does your child have any: Physical Challenges \_\_\_\_\_ Allergies \_\_\_\_\_ Mental Health Issues \_\_\_\_\_  
Learning disabilities \_\_\_\_\_ Other Problems \_\_\_\_\_ explain any YES answers below.  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking prescribed medication of any kind? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever used the following: illegal drugs \_\_\_\_\_ alcohol \_\_\_\_\_ tobacco in any form?  
\_\_\_\_\_

## GENERAL INFORMATION

Are there any unusual factors or circumstances in your child's life? (Absences of one parent, stepparents, in-laws or grandparents living in the home, adoption, serious illness, etc.)

Please explain:

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How did you hear about our school? \_\_\_\_\_

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Why did you select our school? \_\_\_\_\_

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