300 Elwood Street
PO Box 427
Ravenswood, WV 26164
304-273-9463
principal@hcasaintswv.org

Dear Parent,

Thank you for your interest in Heritage Christian Academy. We are honored that you are considering our school for your family. Please review and complete the enclosed admissions packet. The following items must be submitted before the admissions process can move forward. If you have any questions, please contact our office—we are happy to help.

- birth certificate
- social security card
- immunization record (if applicable)
- insurance card
- completed enrollment packet

Sincerely,

The Admissions Office
Heritage Christian Academy

LIFESTYLE STATEMENT

Heritage Christian Academy is a religious, educational institution that seeks to provide a quality education in a distinct Christian environment. One of the goals of Heritage Christian Academy is to work with parents and guardians to train Christian young men and women to be salt and light in their communities.

Heritage Christian Academy believes that the Bible is the inspired Word of God and sets forth absolute truth by which Christians are to live. Heritage Christian Academy expects and requires that both students and parents will support the school in its distinct mission and in its Biblical beliefs.

In relying on the teachings of Scripture, Heritage Christian Academy believes that the Bible prohibits sexual immorality of any type, including but not limited to pornography, homosexuality, or any other sexual activity outside of the marriage of one man and one woman. On those occasions in which a particular home or student is acting counter to or in opposition to the Biblical beliefs and lifestyle that the school teaches, the school reserves the right, in its sole discretion, to refuse admission to an applicant or to discontinue enrollment of a current student.

This includes, but is not limited to: living in, condoning, or supporting any form of sexual immorality; practicing or promoting a homosexual lifestyle or alternative gender identity; or otherwise having the inability to support the moral principles of the school as stated throughout the handbook.

1 Thessalonians 4:1-8; Colossians 3:1-8; Genesis 2:18-25; Galatians 5:16-21; Acts 15:29; Ephesians 5:1-21; Revelation 21:8; Judges 19:22; Genesis 19:1-38; Hebrews 13:1-25; Jude 1:7; Mark 10:6-9; 1 Timothy 1:10-11; 1 Corinthians 7:2; Leviticus 20:13-15; Romans 1:32; Romans 1:26-28; 1 Corinthians 6:9-11; Leviticus 18:22.

Richard Parsons - Administrator

Emily Scritchfield - Principal

Approved by HCA Board (7/16/14) Due to the limited scope of our school ministry to meet the needs of young people with serious behavioral needs, Heritage Christian Academy has established a zero tolerance policy for specific behaviors.

All students must abstain from involvement with tobacco, drugs, alcohol, sexual immorality and profane language both on and off the school campus. In addition, we request that students submit to the authority of their parents, teachers, and school officials as given to them by the Lord.

This is a committed lifestyle, not just during school hours, but each day of the year. Violations are considered as breaking a firm commitment that each student makes when voluntarily choosing to attend HCA. Students will be expected to exert a positive influence in their social relationships and participate in the daily activities of school as a responsible member of the HCA student body.

As the parent or guardian of an HCA student, I affirm that I have both read and will uphold this lifestyle statement:

_____. _____

Parent signature Date

_____. _____

Parent signature Date

I am a student in 7-12th grade. This lifestyle statement has been explained to me and/or I have read it for myself, and I agree to do my best to have a good testimony and abide to this lifestyle statement:

_____. _____

Student's signature Date

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Emily Scritchfield - Principal

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Student Health Form

Student's Name: (Last, First, Middle): _____

Home Address: _____

Gender: ___ Male___ Female Birthdate: _____ Age/Grade: _____

Parent/Guardian #1 Name & Cell #:_____

Address (if different from student): _____

Place of Employment: _____Phone #: _____

Parent/Guardian #2 Name and Cell #: _____

Place of Employment: _____ Phone #:_____

Emergency Contact: _____ Phone: _____ Relationship: _____

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? _ Yes _

No If so, indicate carrier or plan name:_____

Insurance Carrier Address: _____

Phone Number: _____

ALLERGIES: List all known. Describe the reaction and management of the reaction. Allergies

(Medication, food, other). List ALL known allergens and reactions:

_____ _____ _____

_____ _____ _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

List any pertinent health information we should be aware of about your child:

_____

_____

_____

20___-20___

REQUEST FOR INFORMATION
AUTHORIZED STATEMENT OF RELEASE

Student Name _____

Birthdate _____ Grade Level _____

Name of School: _____

Address: _____

Phone/Fax: _____

I grant permission for the above-mentioned school/agency to disclose information about my child as follows:

□ educational records, including discipline records & birth certificate
□ psychological records
□ medical records, including immunization
□ other necessary information concerning the above-named student

_____. _____
Parent/Guardian Signature Date

I grant permission for Heritage Christian Academy to disclose information about my child as follows: □ educational records, including discipline records & birth certificate
□ psychological records
□ medical records, including immunization
□ other necessary information concerning the above-named student.

_____. _____
Parent/Guardian Signature Date

Release is valid for one calendar year.

I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to the administrator of Heritage Christian Academy. I understand that this revocation will not apply to information that has already been disclosed in response to this authorization. I understand that if disclosed the released information may no longer be protected by federal or state laws protecting its confidentiality.

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Student Interview Questionnaire (Grades 3- 12)

Student's Name: _____ Grade to enter: _____

1.Why do you want to attend HCA? _____

2.Whose decision was it for you to attend HCA? _____

3.What do you think this school will be like? _____

4.Do you know other students who attend? _____. Who? _____

5.What is your favorite subject & why? _____

6.What is your least favorite subject & why? _____

_____

7.What is your favorite book? _____

8.Do you go to church? _____. Where? _____

9.Have you trusted Christ as your Savior? _____. When? _____

10.Describe your relationship with the Lord: _____

_____

11.What do you look for in a friend? _____

12.What kind of music do you enjoy listening to? _____

_____

13. What do you enjoy watching on TV, Youtube, or movies?_____

_____

14. What do you like to do in your spare time? _____

_____

15. If you were to have a problem in school, would it most likely be with a student or a teacher?
_____

_____

16. What would you do if you had a problem with either a student or a teacher? _____

_____

_____

17. Do you have any questions about HCA?

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Parent Interview Questionnaire

Name _____ Grade to enter _____

Father's/Stepfather's Name: _____ Attended Meeting No Yes

Home Ph: _____ Cell Ph: _____

Mother's/Stepmother's Name: _____ Attended Meeting No Yes

Home Ph: _____ Cell Ph: _____
Church Attendance
(Location/Frequency):_____
Salvation of parents/student:
_____
_____
_____
Briefly state your reason for choosing HCA:

_____
In what ways do you expect HCA to be different from other schools?

_____
_____
Please list any comments or questions about tuition, fees, or other financial matters:
_____
_____
Note area(s) of strength you have observed in your child (Behavioral/Academic/Talents):

_____

_____
Note area(s) of improvement needs you have observed in your child (Behavioral/Academic/Talents):
_____

_____
What is your opinion of your child's overall ability? (High, Average, Low): _____

Are you aware of any special needs your child may have?: (Speech/Learning Disabilities)

_____

_____

How would you characterize your child's personality (shy, outgoing, etc)? _____

_____

How would you rate your child's openness to correction (5 very open; 1 closed)? _____

Do you have any comments on the HCA discipline procedures?

_____

_____

What are your goals for your child in the following areas?
Spiritual:

_____

_____

Academic:

_____

_____

Social:

_____

_____

How long do you anticipate your child attending HCA? _____

Please note any additional questions that you may have:

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Student Photo & Video Release Form

Dear Families,
We would like to share photos and videos of the activities your child is engaged in daily. Photos and videos are shared on our public Facebook page to share with the community what is available at Heritage Christian Academy. We like to showcase what students are learning throughout the school year. Student names will not be shared online and family members will not be tagged in pictures. If a parent wishes to change the status of their consent, they must contact Mrs. Scritchfield and fill out a new form. HCA is not responsible for students' photos taken during a school program and/or when we are at a public venue or event. Please carefully select below which photo/video options you give consent for your child.

1. I give my consent that photos/video of my child, _____, involved in classroom/enrichment activities can be taken for use on the public HCA website, public Facebook page, and all public promotional and informational material. I understand my child will not be identified.

_____ _____
Parent/Guardian Signature Date

2. I do not give consent for the public use of photography/videography of my child.

_____ _____
Parent/Guardian Signature Date

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Medical Order Form

All medications needed during school hours must be personally delivered along with this completed form to the school administrator. Students may not transport prescription medicines themselves.

Medication must be in the original container
Student's name on the container
The name of the medicine, dosage and time to be given must be clear on the container.
Please note if the medication must be refrigerated.

Parents may come to school to personally administer medication to their children. A caregiver whose contact information is included below may come to school and administer medication. Unless otherwise directed, the school administrative staff will administer all prescription medicines. Heritage Christian Academy will assume no responsibility for liability in association with the administration of medications at school. A record of medication administration will be given to the parent each day dosage is given.

Student Name: _____ Grade: _____

Medication Name: _____

Dosage to be given: _____ Time: _____

_____ Medicine requested to be administered by school administrative staff _____ Medicine will

be administered by the parent or caregiver listed below Name:

_____

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Application for Student Enrollment

Date:_____ Current Grade:_____ Applying for Grade:_____

Has Additional Siblings Applying: ☐Yes ☐No Is StudentAdopted: ☐Yes ☐No

Student's Name:_____ Preferred Name:_____

Address:_____

Gender: M ___ F ___ Race: _____ Date of Birth: _____ Age: _____

Home Phone Number: _____ Cell Phone Number: _____

FAMILY INFORMATION
Who does the student live with? (Please list all members of the household)

_____

_____

Parent/Guardian #1 Parent/Guardian #2

_____ _____

Home Address (if different from student) Home Address (if different from student)

_____ _____

_____ _____

Email Address Email Address

_____ _____

Social Security Number: (required) Social Security Number: (Required)

_____ _____

Employer: Employer:

_____ _____

Describe legal custody arrangements (if applicable):

_____

Who is financially responsible for tuition and fees?

_____

List brothers and sisters living at home:

Name:_____

Grade/School: _____

Name: _____

Grade/School: _____

Name: _____

Grade/School: _____

** SPIRITUAL LIFE**

Has the child trusted Christ as Savior? ☐Yes ☐No

Does the child attend church regularly? ☐Yes ☐No

Briefly describe your personal relationship with Christ, your continued Christian experience, and the church your family attends:

_____

_____

_____

_____

Church Name: _____

Pastor's Name: _____

Church Address/City/State/Zip:

_____

**** EDUCATIONAL & HEALTH INFORMATION****

Most Recent School Attended: _____

Address / Phone # : _____

_____

Grade completed: _____

What is the reason for leaving the above school?

_____

Has the child ever failed a grade? ☐Yes ☐No If yes, when:

_____ Has the child ever been suspended or expelled from any school? ☐Yes ☐No If yes, please list school name and details.

_____

_____

Has the child ever had excessive absences from school? ☐Yes ☐No If yes, please state year and reason:

_____

Has the child ever had behavior issues or academic difficulties in school? ☐Yes

☐No If yes, please explain.

_____

_____

Has the child been tested, or recommended for testing, for any condition which might affect school performance (e.g. Attention Deficit Disorder, Learning Disabilities, Behavioral/Emotional Disorders, etc)? ☐Yes ☐No If yes, please explain.

_____

_____

Does the child take regular medication for any of the above conditions or for another condition? ☐Yes ☐No If yes, please explain.

_____

What prompted your consideration of Heritage Christian Academy?

_____

How did you hear about our school? ☐Friend ☐Internet ☐Advertisement ☐Other Referred by:_____

The following must take place before a New Student Admission will be considered complete:
1. Interview: A personal interview will be scheduled with a member of the school's admissions team. A parent(s) and/or legal guardian(s) as well as the prospective student(s) must be in attendance for this interview with the most recent report card. We will tour the school and answer any questions you have about HCA
2. Application: A completed application and any required academic records must be submitted. 3. Acceptance: Parent(s) or legal guardian(s) will be notified as soon as possible regarding the student's acceptance. Admission is not finalized until all applicable documentation has been received and all necessary fees paid in full.
STATEMENT OF RESPONSIBILITY
By signing below, I/we verify that the information on this application is correct and entire. All questions on this Application for Enrollment must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

_____. _____

Parent/Guardian #1 Signature Date Parent/Guardian #2 Signature Date

Heritage Christian Academy shall admit students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made to students at the school.Heritage Christian Academy shall not discriminate because of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, and athletic or any other programs administered by the school.

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Parent Covenant

1. We have read the Parent/Student Handbook. We will abide by it and agree to see that our child adheres to it. We have read the Mission and vision of HCA, the Statement of Faith, and the Philosophy of Education and will support the school in teaching this doctrine to our children.

2. We, as parents, accept the challenge to "train up a child in the way he should go" (Proverbs 22:6) and state that this training will be carried out in the home. We grant permission to school authorities to discipline our child with the procedures that are outlined in the Parent/Student Handbook. We further agree to accept the school's judgment in such matters and will cooperate with them.

3. We will pray for the school and staff and endeavor to support the principles, practices, and educational policies of the school in a positive way. (Matthew 18:15)

4. We agree to support the school by involvement in parent/teacher conferences, meetings, and activities and by offering volunteer services.

5. We understand the school's curriculum and instruction, discipline, dress code, etc., and agree to support all rules and policies.

6. We agree that if our child should become involved in any trouble or we disagree with any policies set by the school, we will in no case complain to any other party, and in the spirit of meekness will register only necessary complaints with the teacher or administrator involved. (Matthew 18:15-17)

7. We understand that HCA encourages our family to regularly attend Sunday school and church. We will strive to provide a consistent example of Godly living in our home life.

8. We agree to uphold and support the high academic standards of HCA. We will see that our child arrives at school on time with any necessary slips signed and returned. We understand the importance of regular attendance and will uphold the attendance policy. We will provide our child with a place to study and will encourage him/her the completion of any assignment or homework.

Richard Parsons - Administrator

Emily Scritchfield - Principal

9. We understand and will fulfill our financial commitment to pay for the educational services the school is providing for our child. We understand that no records will be released until bills are current and that delinquent payment could be the cause of suspension.

10. We understand the standards of HCA do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

11. We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and the abuse of other personal property.

12. We believe and teach that God created human beings in his image, male and female (Gen. 1:26-27). We believe that scripture is the sole authority and does not change. We understand that students will only be referred to by the gender God designed them to be. Conflicting outward appearances and requested use of inaccurate pronouns will not be supported.

13. I have prayerfully read the Parent Covenant and agree to support this covenant through my actions and attitudes.

Parent/Guardian Signature_____

Date _____

Parent/Guardian Signature_____

Date_____