STUDENT APPLICATION

SCHOOL YEAR 2019-2020

Applicant Information:

Student's First Name: _____ Last Name: _____

Gender: M F Entering Grade: _____

Date of Birth: ____ / ____ / _____ Age: _____

Student lives with: Father / Mother / Both

Preferred Campus: Apex / Durham

Is this applicant a current recipient of any NCSEAA scholarships and/or grants? If so, please circle all that apply: Opportunity Scholarship Disability Grant ESA

Parent Information

Father's Name: _____ Father's Phone #: _____

Father's Email: _____ Other Phone #: _____

Preferred method of communication: Phone Call / Text / Email

Address: _____
STREET

_____
CITY STATE ZIP

Mother's Name: _____ Mother's Cell #: _____

Mother's Email: _____ Other Phone #: _____

Preferred method of communication: Phone Call / Text / Email

Address (if different from above): _____
STREET

_____
CITY STATE ZIP

Previous Education:

Names of Schools attended:

Homeschool / Private / Public: _____ Grades: _____

Homeschool / Private / Public: _____ Grades: _____

Homeschool / Private / Public: _____ Grades: _____

What curriculum has been used?

Math: _____

Reading/Language Arts: _____

History: _____

Science: _____

Other: _____

Other Information:

1. How does your son/daughter feel about the possibility of coming to Heritage Leadership Academy?

   _____

   _____

   _____

2. Please describe your child. What are his/her strengths in the following areas?

   Academically: _____

   Socially: _____

   Physically: _____

   In what area does your child most excel?

   _____

   _____

   _____

What would you consider his/her weaknesses in these same areas?

Academically: _____

Socially: _____

Physically: _____

In what area might your child struggle?

_____

_____

_____

3. Has your child ever displayed social, behavioral or disciplinary issues (in a traditional school setting, Sunday school or home) that would be helpful for us to understand: Y N

   If yes, please explain how this has been addressed effectively in the past and how you would like to see things handled at school:

   _____

   _____

   _____

4. Has your child been tested for any of the following? Y N
   If yes, please give the dates for each test and explain below

   Speech/Language: _____ Dyslexia: _____

   Attention Deficit and/or Hyperactivity Disorder: _____

   Autism Spectrum Disorders: _____

   Other Developmental Delays/Undiagnosed Concerns:

   _____

   _____

   _____

   *HLA does not seek to "label" your child, but needs to determine if our program can meet his/her needs.

5. Does your child have an active IEP? Y N
   If yes, please send a hard copy with the application.

6. Please attach any additional information about your child that you would like for us to know.

Spirituality and Religious Beliefs:

7. Please share your openness as a family to discuss spiritual things with your child:

   _____

   _____

   _____

8. Does your family attend church regularly? Y N
   If yes, where do you attend? _____

9. If you do not attend church, do you have a religious affiliation or preference? If so, please describe below.

   _____

   _____

   _____

I have read the Statement of Faith and understand that all HLA staff adhere to these beliefs and will teach and mentor from a Biblical Worldview.

_____

SIGNATURE DATE

Please include with your application:

- Recent photo of your child
- Physical Copy of IEP (if applicable)
- Check in the amount of $100 (application fee)

Please make checks payable to: **Heritage Academy of NC**
Mailing Address: **P.O. Box 130**
Holly Springs, NC 27540

Thank you for taking the time to complete this form and
we are honored to be partnering with you in your child's education!