



P.O. Box 235
Grand Island, NE 68802-0235
308-850-5845
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Christian Heritage Academy STUDENT APPLICATION

Date of application _____

Student(s) applying:

1. Name of student _____ Sex ____ D.O.B. _____ Grade entering _____

2. Name of student _____ Sex ____ D.O.B. _____ Grade entering _____

3. Name of student _____ Sex ____ D.O.B. _____ Grade entering _____

4. Home address _____ City/State/Zip _____

Home phone () _____ E-mail address: _____

5. Father's name _____ Business phone () _____

Place of employment _____ Position _____

6. Mother's name _____ Business phone () _____

Place of employment _____ Position _____

7. Do you agree to have your child(ren) taught in accordance with the school's statement of Faith? _____

If there are any points in it which are inconsistent with your convictions, please explain briefly

here: _____

8. How did you hear about Christian Heritage Academy? _____

9. What is drawing you to Christian Heritage Academy? _____

10. What do you expect to receive from Christian Heritage Academy? _____

11. Family's church _____

Pastor: _____

Christian Heritage Academy will be sending a brief questionnaire to your pastor asking for an evaluation of you family's walk with the Lord.

12. Has your student ever repeated a grade for any reason? _____ If so, which grade? _____

13. Has your student ever been suspended or expelled by a previous school? _____

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CONTRACTING SIGNATURE:

I certify that this application is correct. I understand my financial commitment and the date's payments are due, and I agree to faithfully meet my obligations to Christian Heritage Academy. I understand, and agree with the school's guidelines and policies.

Date _____

Parent or Guardian _____