Heartland Christian Academy
101 Nations Blvd. – Bethel, MO 63434-9742
Phone: 573-633-5602 Fax: 816-817-0391

Application for Admission

ENROLLMENT DATE (MM/DD/YY): _____ WITHDRAWN DATE :_____(office use only)

Full Name:_____ ENTERING GRADE:_____

Home Address:

_____
Street

_____/_____/_____ _____-_____-_____
City State Zip Code Social Security Number

Phone Number: _____ Birthdate:_____ Age: _____

Email:_____

Which parent should receive communication? Mother Father Guardian Either

Parent or Guardian Information

Father's Name:
_____Address:_____
(Specify if different from student's home address & home number)

Home Phone Number:_____ Cell Phone:_____ Work Phone:_____

Place of
Employment:_____

Mother's
Name:_____Address:_____
(Specify if different from student's home address & home number)

Home Phone Number:_____ Cell Phone:_____ Work Phone:_____

Place of
Employment:_____

Person (s) Authorized to Take Child From School: (circle) mother father guardian

EMERGENCY CONTACT IF YOU CANNOT BE REACHED (Both must be completed)

Name:_____ Name:_____

Relationship:_____ Relationship:_____

Phone: C)_____Phone: C)_____

W)_____ W)_____

SCHOLASTIC INFORMATION

♦ **You must have your child's previous school information.** ♦ **The phone number is very important.**

Previous School Attended:_____

Phone Number of School:_____ **(You must supply a phone number)**

Fax Number if known:_____

Grades Attended:_____

Reason Student withdrawn:_____
_____
_____
_____
_____

Has student ever been on academic or social probation, suspended, or expelled from school? Y N

If yes, for what reason:_____
_

Home Situation

(specify deceased parents, divorced, adoption, foster, etc):

_____
_____
_____
_____
_____
_____
_____

Please Complete the Following Statement

This student is being enrolled at Heartland Christian Academy specifically because…

_____
_____
_____
_____
_____

Heartland Christian Academy

Medical Treatment and Medication Permission Form

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
Address: _____ City/State/Zip: _____
Gender: _____ Race: _____ Grade: _____ Teacher: _____
ALLERGIES: (Food, insects, latex, medications, seasonal, environmental) list reaction by allergen:

_____

_____

_____

I give permission for the above named student to receive first aid care and treatment at school or school events, which may include the use of over-the-counter (OTC) medications or products as needed. I acknowledge that the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration, of such medication listed, by the school staff.

PLEASE CROSS OUT ANY MEDICATION OR PRODUCT YOU DO <u>NOT</u> WANT GIVEN AT SCHOOL

Acetaminophen (generic Tylenol)	Cough Drops	Rubbing Alcohol
Antibiotic Ointment	Diphenhydramine (generic Benadryl)	Saline Wound Wash
Anti-itch Ointment	Ibuprofen (generic Motrin)	Sore Throat Spray
Aquaphor	Loratadine (generic Claritin)	Sting Relief Ointment
Burn Ointment	Orajel	Tums (generic)
Contact Solution	Refresh Optive (Dry eyes)	Vaseline
I understand that medication **<u>dosages will be administered according to label directions</u>** (age/weight appropriate dose) unless our physicians' standing orders indicate otherwise.		

Does your child take medication (prescription or OTC) for any reason at home? NO _____ YES _____
List name of medication(s) and reason for taking: _____

_____

_____

(If your child will be self-carrying an inhaler, please list on here so school nurse is aware.)

Will your child require prescription medication to be administered at school on a daily basis for the entire school year? NO _____ YES _____ (Medication to be administered at school requires additional forms; please contact the school nurse).

List Medication(s) Here:

_____

Primary Care Provider (Physician): _____ Phone Number:

_____

Hospital Preference: _____ Dentist: _____
Insurance/Medical Coverage: Private/Employer _____ Medicaid/MC+ _____ No Insurance _____

My child's immunizations are currently up-to-date per Missouri State guidelines:
(Please circle) YES NO

<u>I give my permission for this student to take part in the following screenings:</u> (Please Circle)

VISION	YES	NO	HEARING	YES	NO
HEIGHT/WEIGHT	YES	NO	BLOOD PRESSURE	YES	NO

To Parent/Guardian: Your child's learning depends upon good health. To provide the best educational experience, it is important for school personnel to understand your child's health needs. To the best of your knowledge, does your child have any diagnoses or problems that may affect learning, cause any concern, and/or be important for school staff to know? For concerns, please circle "yes" and provide a comment below:

CONCERN	YES	CONCERN	YES
ADD/ADHD	Y	Developmental Delay	Y
Anaphylactic Reaction	Y	Diabetes	Y
Assistive Devices	Y	Head Injury/Concussion	Y
Asthma (history or under treatment)	Y	Hearing (aids, etc.)	Y
Autism	Y	Heart	Y
Behavioral and/or Emotional	Y	Migraines	Y
Bladder	Y	Neromuscular (CP, MD, etc.)	Y
Bleeding Disorder	Y	Oppositional Defiant Disorder	Y
Bone or Joint Problems	Y	Seizures (history or under treatment)	Y
Bowel	Y	Speech	Y
Cancer (history or under treatment)	Y	Surgeries	Y
Cystic Fibrosis	Y	Vision (glasses, contacts, etc.)	Y
Dental	Y	Others Not Listed	Y

Comments: _____
_____
_____
_____

PARENT / GUARDIAN/EMERGENCY CONTACT INFORMATION

In the event that the student must leave school due to illness or injury, the following should be called in order. I understand that if my child is seriously injured or ill and school personnel cannot notify me by telephone, they will secure medical attention for my child and use ambulance services if necessary, and I will be responsible for the costs of such medical services and care.

1. Name/Relationship: _____Email Address: _____
   Phone (H)_____ (W)_____ (C) _____
2. Name/Relationship: _____Email Address: _____
   Phone (H)_____ (W)_____ (C) _____
3. Name/Relationship: _____Email Address: _____
   Phone (H)_____ (W)_____ (C) _____
4. Name/Relationship: _____Email Address: _____
   Phone (H)_____ (W)_____ (C) _____

I understand that this information may be shared with school staff and medical persons who have a need to know of this information in order to provide care for my child. Any change in information should be provided to the school immediately upon changing.

Signature of Parent/Guardian:_____ Date:_____

PARENTAL AGREEMENT

Philosophy: Each of the undersigned parent(s) or guardian(s), hereinafter referred to as Parent, has read the Heartland Christian Academy (HCA) Parent/Student Handbook, and understands the **discipline policy**, as well as the **statement of faith, philosophy, missions statement, and the educational objectives of HCA.**

Parental Involvement: Parent recognizes that the educational program of HCA is complemented through active parental involvement. Parental involvement may include fundraising activities, attendance at school activities and parent meetings, support of the homework policy, and an ongoing communication with the student's teacher and school staff.

Grievance Procedure: Parent agrees to discuss any grievance in private with the teacher or staff member involved. If the grievance cannot be resolved between Parent and HCA teacher or staff member, the cooperation of the Principal will be enlisted.

Damages: Parent agrees to pay for damages caused by the student.

Liability: Parent hereby releases HCA from all liability, except negligence, while student is under school care and responsibility.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Parent/Guardian Date

CORPORAL CORRECTION POLICY FOR MINISTRY STAFF STUDENTS AND COMMUNITY STUDENTS

I ____ the parent/guardian of

____ understand that by signing this agreement, while my child is enrolled at Heartland Christian Academy my child will receive corporal correction when necessary. Such correction will include prayer and assurance of acceptance.

____________________________________ ________________________
Signature of Parent/Guardian Date

____________________________________ ________________________
Signature of Parent/Guardian Date

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We administer two forms of corporal discipline for students in grades Kindergarten thru 12th grade. The first would be swats on the palm of the hand with a pliable rubber ruler. The other is regular swats on the buttocks with a wooden paddle.
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