

HEARTLAND CHRISTIAN SCHOOL
1995 WEST FOURTH STREET
COLBY, KANSAS 67701
785-460-6419
www.hcscolby.org

STUDENT APPLICATION FORM

STUDENT INFORMATION

Name of Applicant _____

First

Middle

Last

Social Security # _____

Grade to Enter _____ Age _____ Birth date _____ Birth Place _____

School Last Attended _____

Address _____ Phone _____

Street/Route

City

State

Zip

Has Applicant ever repeated a grade, been expelled, or dismissed? _____

Has Applicant ever had any disciplinary difficulties? _____

Does Applicant have any physical problems or disabilities? _____ If yes, please explain: _____

Entering kindergarten students must provide the school with appropriate health department shot records unless they appeal because of personal conviction. Health Records should be made available if coming from a home school.

Has Applicant ever made a profession of faith in Christ? Yes ____ No ____ Age ____

Why do you wish to send your child to Heartland Christian School? _____

How did you hear about Heartland Christian School? _____

FAMILY INFORMATION

Father's Name _____ Father's Home Phone _____

Father's Address _____ Father's Cell Phone _____

Father's Work Place _____ Father's Work Phone _____

Father's e-mail address _____ Mother's email address _____

Mother's Name _____ Mother's Home Phone _____

Mother's Address _____ Mother's Cell Phone _____

Mother's Work Place _____ Mother's Work Phone _____

Applicant lives with: (Check One) _____ Mother & Father _____ Guardian
_____ Mother Only _____ Father Only

Has either parent been divorced? _____ Is child by present marriage? _____

Is the child adopted? _____

Is there any special information concerning adoption, separation, divorce, child custody, visitation rights, or other similar situations that the school should be aware of? _____ If so, explain: _____

Is Father a Christian? _____ Mother? _____

Please list all the children in your family:

<u>Name</u>	<u>Age</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH INFORMATION

Church now attending _____

Address _____
Street/Route City State Zip

Pastor _____ Phone _____

Are you a member? _____ How frequently does your family attend services? _____

To Parents or Guardian:

Please make a full statement describing your personal Christian experience and faith.

STUDENT HEALTH RECORD

(Please include a copy of the student's immunization record)

Student's Name _____ Date of Birth _____ Grade _____

Is Child's Health Excellent _____ Fair _____ Poor _____

Weight _____ Height _____

Any Physical Disability _____

If so, please explain: _____

Is the child taking any medication? _____ If yes, please explain: _____

Has this student ever been on an IEP or is presently on one? _____ Please elaborate on the back.

Does the child exhibit any difficulties such as:

Diabetes _____ Asthma _____ Auditory _____ Structural or Muscular _____

Heart _____ Speech _____ Allergies _____ Hearing _____

Other _____ Allergic to _____

If yes to any of the above, please explain: _____

Physician _____ Phone _____

Dentist _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident or illness, I hereby authorize Heartland Christian School to take my child to:

Name of Family Doctor _____ Address _____ Phone _____

or to the following Hospital _____

Name _____ Address _____ Phone _____

or to another physician.

Date _____ Signed _____ Parent/Legal Guardian

Date _____ Signed _____ Parent/Legal Guardian

Please indicate (2) persons to be contacted in an emergency. (Other than parents)

Name _____ Address _____ Phone _____ Relationship _____

Name _____ Address _____ Phone _____ Relationship _____

FIELD TRIP — ACTIVITY RELEASE FORM

2025-2026 SCHOOL YEAR

*I give permission for my child, _____, to take part in all school activities, including sports and school-sponsored trips away from school premises for the 2025-26 school year. I further absolve Heartland Christian School from liability to me or my child because of injury to my child at school or during any school activity.

Parent's Signature _____ Date _____

***My children and I _____ have read and agree to abide by the guidelines and regulations set forth in the parent/student Handbook.**

**I give Heartland Christian School permission to use or post photos of my child (ren) on the School website, promotional material, social media, etc.*

Please initial: Yes- _____ **No** _____ **Yearbook only:** _____

***FINANCIAL INFORMATION:** Tuition schedule runs from **June-May** for the school year.

(As per Financial Fact Sheet)

Payment Procedures as stated in the *Parent/Student Handbook*:

- Option #1: Pre-pay the full amount of the school year. Total payment must be received by the first day of school.
- Option #2: Pre-pay the full amount of a semester. Total payment of the **first semester** must be received by the first day of school and payment of **second semester** must be received by the day school resumes in January.
- Option #3: Sign-up for monthly **auto debit**. Tuition payments will be drawn on the first, tenth or twentieth of each month.
- If unusual circumstances have created a financial problem, an immediate request must be made to the school treasurer for a Board review. This request must be made swiftly, so that the Board may make the review at the next monthly board meeting.
- All enrolled families must be current with tuition in order for the child to enter school in the fall and retain priority placement for the following year.

Heartland Christian School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

I understand the terms and conditions of payment as stated in this agreement and the *Parent/Student Handbook*.

Parent/Guardian's Signature

Date of Signature



TRANSCRIPT REQUEST

MAIL TO:

**Heartland Christian School
1995 West Fourth Street
Colby, KS 67701
Phone number 785-460-6419
Email: dbandy@hcscolby.org**

I give permission to release all school records including medical, testing, and special services records to the above school.

Full Legal Name of Student	Date of Birth	Grade
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School Last Attended

School Address	City	State	Zip	Phone
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Signature of Parent or Legal Guardian	Date
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Updated: May 2025

SCHOOL USE ONLY:

Date Application Received _____

\$150.00 due at enrollment. Registration fees are non-refundable and are due with the application.

Financial information - auto debit _____ **Monthly choice of - 1st 10th 20th**

Birth Certificate Received _____

Transcripts Received _____ **IEP (if applicable)** _____

Immunization Records _____

Well Child Check / Sports Physical _____

Testing Provided/Testing Completed (if needed) _____

Permission Forms & Insurance/Health Forms _____

Computer Fee &/or Sports Fee (JH & HS only) _____

Interview _____

Accepted / Rejected _____

Date of Acceptance _____