

Horseheads Christian School

2293 Grand Central Avenue • Horseheads, NY 14845 • 607-739-9811

"Excellence in Academics and Character"

NEW STUDENT APPLICATION

Date of Application _____ School Year _____

Grade Entering _____ Birth Date _____ Home Phone _____

Student's Name _____
Last First Middle

Address _____
Street City State Zip

School District **and** Last School Attended _____
(Please list other schools attended on the back side.)

Address _____
Street City State Zip

Attitude Toward School _____ Grades Repeated _____

Has student ever been expelled or disciplined beyond ordinary classroom situations? _____

Does student have any mental or physical difficulties or any educational needs that the school and teacher need to be aware of? YES ___ NO ___ If so, please explain on the back side.

Does student regularly attend: Church YES ___ NO ___ Sunday School YES ___ NO ___

Church Name _____ Pastor _____

Why do you desire to enroll our child in our Christian School? _____

How did you learn about Horseheads Christian School?

Referred By (Name) _____ Friend or Relative ___ Church ___

Radio ___ Newspaper ___ Other _____

(Please complete other side.)

Office Use Only

Date Received _____ Registration Fee _____ Tuition Fee _____ Plan: in full ___ 10 Mo ___ 12 Mo ___

Family Sheet ___ Emergency Sheet ___ Health Record ___ Physical (K, 2, 4) ___ Birth Certificate ___

Statement for Parents or Guardians: In signing this application, I understand that:

1. Within the bonds of God's wisdom and love, I/we will cooperate with the administrator and teacher in the education and discipline of my children.
2. Grade placement is determined by the administration after consultation with the teacher and parents.
3. All new students will be on probation for six weeks from the start of school to determine if they have any behavioral, social, physical, or academic needs beyond the capabilities of the school.
4. The school reserves the right to dismiss any student who does not or whose family does not cooperate or agree with the purpose, program or policies of the school.
5. I/We, understand this application is a contractual agreement to pay our financial obligations on time.

In applying for the enrollment of my child, I give permission for him/her to take part in activities sponsored by the school including field trips, athletic events, concerts, etc., away from the school premises, and absolve the school from liability due to any injury to my child at school or during an away from school activity.

I have read the student handbook and pledge my support and agreement with the standards of conduct and discipline of Horseheads Christian School.

Father (Guardian) _____ Date _____

Mother (Guardian) _____ Date _____