Heritage of the Lord Christian School (HOLCS)

6436 12th Street, Zephyrhills, FL 33542
"Children are an heritage of the Lord…" – Psalm 127:3

STUDENT ADMISSIONS APPLICATION

Thank you for your interest in Heritage of the Lord Christian School (HOLCS). We are excited about the opportunity to partner with you in providing a Christ-centered, academically excellent education for your child. Please complete all sections of this form.

I. STUDENT INFORMATION

- **Student Full Name:**
  _____
- **Date of Birth:** _____
- **Gender:** ☐ Male ☐ Female
- **Grade Applying For:** _____
- **School Year Applying For:** _____
- **Social Security Number:** _____
- **Home Address:**
  _____
  City: _____ State: _____ Zip: _____
- **Student's Primary Language:** _____
- **Previous School Attended:** _____
  Address: _____
  Phone: _____ Dates Attended: _____
- **Reason for Leaving:** _____

II. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

- Full Name: _____
- Relationship to Student: _____
- Home Phone: _____ Cell Phone: _____
- Email: _____

- Home Address (if different): _____
- Employer: _____ Work Phone: _____

Parent/Guardian 2

- Full Name: _____
- Relationship to Student: _____
- Home Phone: _____ Cell Phone: _____
- Email: _____
- Home Address (if different): _____
- Employer: _____ Work Phone: _____

III. EMERGENCY CONTACTS *(other than parents listed above)*

1. **Name:** _____
   Relationship: _____ Phone: _____
2. **Name:** _____
   Relationship: _____ Phone: _____

IV. MEDICAL & IMMUNIZATION INFORMATION

- **Family Physician:** _____ Phone: _____
- **Preferred Hospital:** _____
- **Does your child have medical insurance?** ☐ Yes ☐ No
- **Insurance Provider:** _____

Medical Conditions (check all that apply):
☐ Asthma ☐ Diabetes ☐ Seizures ☐ Allergies (specify): _____
☐ Other (specify): _____

Medications taken regularly: _____

Please provide a copy of the Florida Certification of Immunization (Form DH 680).
☐ Attached ☐ Will be provided before the first day of school

Emergency Authorization:
In the event of an emergency and I cannot be reached, I authorize HOLCS to obtain

medical treatment for my child.
Signature of Parent/Guardian: _____ Date: _____

V. ACADEMIC & SPECIAL NEEDS HISTORY

- Has your child ever received special education services? ☐ Yes ☐ No
  If yes, please explain: _____
- Does your child have an **IEP (Individualized Education Plan)?** ☐ Yes ☐ No
  If yes, please provide a copy with this application.
- Has your child ever been diagnosed with:
  ☐ ADHD ☐ Dyslexia ☐ Speech Delay ☐ Developmental Delays
  ☐ Autism Spectrum Disorder ☐ Other: _____
- Has your child repeated a grade? ☐ Yes ☐ No
  If yes, which grade and why: _____
- Are there any emotional, social, or behavioral concerns? ☐ Yes ☐ No
  If yes, please explain: _____

VI. CHURCH AFFILIATION

- **Name of Church Attending:**
  _____
- **Pastor's Name:** _____ Phone: _____
- How often do you attend? ☐ Weekly ☐ Occasionally ☐ Rarely
- Are you a member? ☐ Yes ☐ No

VII. PARENT/GUARDIAN COMMITMENT

As a parent/guardian of a student at Heritage of the Lord Christian School:
☐ I affirm the school's mission to provide a Christ-centered education.
☐ I understand this is a private Christian school (Homeschool) and agree to uphold the standards and values upheld by the school.
☐ I will support the school through prayer, involvement, and financial responsibility.
☐ I have provided accurate and honest information in this application.

Signature of Parent/Guardian: _____
Date: _____

OFFICE USE ONLY

- ☐ Application Received
- ☐ Immunization Records Received (Form DH 680)
- ☐ IEP/Special Needs Documentation Received (if applicable)
- ☐ Emergency Contact Info Completed
- ☐ Enrollment Fee Paid: $_____ Date: _____
- ☐ Interview Completed
- Notes: _____