

HIGH SCHOOL APPLICATION

Mother (or Guardian)

Father (or Guardian)

Address

City

State

Zip

Mother's Address if different

City

State

Zip

Mother's Email

Primary Phone Number

Secondary Phone Number

Fathers Address if different

City

State

Zip

Father's Email

Primary Phone Number

Secondary Phone Number

Are you a legal guardian? Yes ☐ No ☐ If **NO**, explain relationship to student(s): _____

Children Enrolling in Grades 9th - 12th

FULL LEGAL NAME	GENDER/ BIRTHDATE	LAST SCHOOL ATTENDED	GRADE COMPLETED
	M or F / /		
	M or F / /		
	M or F / /		
	M or F / /		

Please explain why sending your child(ren) to a Christian school appeals to you:

EDUCATIONAL INFORMATION

Have any of the enrolling children repeated a grade? Yes _____ No _____

- If **YES**, which child and what grade? _____

Have any of your children been suspended or placed on probation from any school? Yes _____ No _____

- If **YES**, which child and what grade? _____

Do any of your children have any special academic, emotional, or physical needs? Yes _____ No _____

- If **YES**, which child and what needs? _____

- If **YES**, do they have a 504, IEP, or intervention process? Yes _____ No _____

Are any of your children receiving special help? Yes _____ No _____

If you answered **YES** to any of these questions please further explain:

SPIRITUAL INFORMATION

Do you attend a local church? Yes _____ No _____

- If **YES**, which church? _____

Do you have the signed acknowledgment forms for our Statement of Faith and Handbook. Yes _____ No _____

Please attach any questions or comments:

FAMILY INFORMATION

Are you new to Bemidji? Yes _____ No _____ If **YES**, where did you move from? _____

Do you have other children attending school elsewhere? Yes _____ No _____

- If **YES**, what school(s) _____

Would you like to set up a meeting with the Principal? Yes _____ No _____

How did you hear about us? News Paper _____ Facebook _____ Instagram _____ Radio _____

Website _____ Family/Friend _____ By Who: _____

Signature of Mother (or guardian)

Date

Signature of Father (or guardian)

Date

Thank you for applying to Heartland!
Please return this application along
with the fee of a \$125 per child to:

Heartland Christian Academy
9914 Heartland Circle NW
Bemidji, MN 56601

Heartland Christian Academy does not discriminate on the basis of race, gender, age, physical ability, and national or ethnic origin in administration of its educational policies, admissions policies, financial aid policies, and other school administered programs.

STUDENT INFORMATION One Per Student, to be filled out by student

Students Full Name

Address

City

State

Zip

Cell Phone Number

Email

SPIRITUAL INFORMATION

Do you attend a local church? Yes _____ No _____ If **YES**, which church? _____

Do you attend a Wednesday night youth group? Yes ____ No ____ If **YES**, which church? _____

Do you have a saving relationship with Jesus Christ as your personal savior? _____

Please write your testimony. You can use the back of the page if you need more room.

Why do you want to come to Heartland?

Will you be taking any classes at Bemidji Highschool? _____

What subject do you feel is your strongest? _____

Is there a subject you struggle with? _____

Signature Student

Printed Name

Date