



# Christian Heritage Academy

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**“Every Student A Scholar”**

## Pre-Kindergarten & Elementary APPLICATION FOR ADMISSION

*(This form must be filled out by a parent or legal guardian. Please print or type.)*

This form is to be completed by the parent/guardian & submitted with the non-fundable Application fee.

Date \_\_\_\_\_ Application for admission to Grade \_\_\_\_\_ S.S. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Applicant's name \_\_\_\_\_  
Last name First name Middle name Familiar name

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Emergency1 # \_\_\_\_\_ Emergency1 Contact \_\_\_\_\_

Emergency2 # \_\_\_\_\_ Emergency2 Contact \_\_\_\_\_

Church Name: \_\_\_\_\_ Pastor/ Leader: \_\_\_\_\_

Church Address: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Full Name of Mother: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Please give the following information if applicable:

- Father Deceased       Mother Deceased       Parents Separated/Divorced  
 Legal Guardian       Relative       Foster Parent

With whom does applicant reside? \_\_\_\_\_

Name of stepparents (if applies): \_\_\_\_\_

*"All your children shall be taught by the Lord and great shall be the peace of your children" Isaiah 54:13*

Official school district \_\_\_\_\_ Present school \_\_\_\_\_ Present grade \_\_\_\_\_

Present School Address: \_\_\_\_\_  
Street City State Zip

Name of School Principal: \_\_\_\_\_ School Phone: \_\_\_\_\_

Has the student ever been treated for a learning disability or been given an IEP or psychological counseling?  
\_\_\_\_\_

If your child is graduating from a Middle School or Junior High School, please indicate the name of the zone school that his/her file would be transferred to \_\_\_\_\_

List schools previously attended, most recent first, giving location and length of time in each.  
\_\_\_\_\_  
\_\_\_\_\_

List the other children in household:

Name Age Grade Relationship

Name Age Grade Relationship

Name Age Grade Relationship

List name, class, and relationship of relatives who attend or have attended Christian Heritage Academy.  
\_\_\_\_\_  
\_\_\_\_\_

Please state your reason for wanting your child to attend Christian Heritage Academy.  
\_\_\_\_\_  
\_\_\_\_\_

How did you first learn about Christian Heritage Academy? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Photo of applicant  
for admission

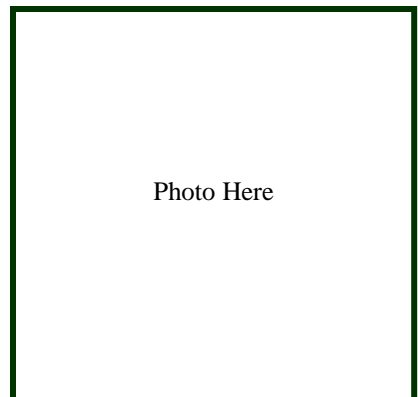


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