



Christian Heritage Academy

1100 East 42nd Street, Brooklyn, NY 11210

Phone: (718) 377-5682 Fax: (718) 338-9870

E-mail: cha@chc-inc.net Website: www.chc-inc.net

“Every Student A Scholar”

Student # _____

High School Application

This form is to be completed by the applicant and parent/guardian and submitted with the non-refundable fee of \$100.00. You will be notified promptly of action taken on this application.

Student Information

Name: _____ Grade Entering _____
Last First

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Phone: () _____

Sex (circle): M F Birth date: _____ Age: _____

City of Birth: _____ State of Birth: _____ Country of Birth _____

Social Security No.: ____-____-____ Country of Citizenship: _____

E-mail address: _____

Applicant is living with (check one):

- Both Parents Father Only Father and Stepmother
 Legal Guardian Mother Only Mother and Stepfather
 Relative Foster Parents Other

Current School: _____ Location: _____

Church Affiliation: _____ Location: _____

Date of Baptism: _____ Date of Confirmation: _____

Office Use Only: Received: _____ Appl. Fee _____ Received by: _____ Test date: _____
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Previous Academic Preparation

Most Recent Elementary School: _____

City/ST _____ Grades Attended: _____

Most Recent Middle/Junior High School: _____

City/ST _____ Grades Attended: _____

Most Recent High School: _____

City/ST: _____ Grades Attended: _____

Student Interests

I would like to play in the band this year: Yes _____

I would like to learn to play: _____

I would like to sing in the choir: Yes No

Please check if you are interested in any of the following:

Extracurricular

- Chapel, Worship Committee
- Drama
- Yearbook
- Newspaper

Sports

- Basketball
- Track
- Cross Country
- Tennis
- Golf

My plans after high school are:

- College/Higher Education
- Employment
- Armed Services
- Other _____

Parent Guardian Information

Mother's Name: _____ Telephone: () _____

Address: _____ Apt. No. _____

City: _____ St: _____ Zip: _____

Place of Birth: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Business Telephone _____ Ext. _____

Father's Name: _____ Telephone: () _____

Address: _____ Apt. No. _____

City: _____ St. _____ Zip: _____

Place of Birth: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Business Telephone: _____ Ext.: _____

Additional Information

List names and ages of other children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

What language is spoken in your home? _____

Has the applicant ever been treated for a learning disability or been given psychological counseling? No Yes (Please explain):

List chronic diseases, physical limitations, or handicap.

Pledge of Support

I understand that my child's privileges as a member of the school family may be curtailed at the discretion of the staff.

I will support the school financially through my regular tuition payments.

I understand that all tuition and fees must be paid in full before semester or final examination may be taken, or transcripts, report cards, diplomas, or transfer may be issued.

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Christian Heritage Academy High School will accept qualified students in good standing regardless of race, color, sex, or ethnic or national origin.