

Application for Admission

Heritage Christian School

5412 67th Ave. W., Tacoma WA 98467 Phone: (253) 564-6276 Fax: (253) 460-1695 Web: www.heritagecs.net

Date: _____ For School Year: 20____ to 20____ Entering Grade: _____

1. **Applicant's Full Name:** _____ **Nickname:** _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

Student lives with (check all that applies): Father Mother Stepfather Stepmother Guardian

Name and age of siblings: _____

2. **Residential/Custodial Parents.** Please *separately* list parents/guardians that applicant lives with:

Name: _____ **Relation to student:** _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell/Pager: _____

E-mail: _____

Employer: _____ Work Phone: _____

Name: _____ **Relation to student:** _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell/Pager: _____

Employer: _____ Work Phone: _____

3. **Shared Custody.** Please list other parent(s) who share custody of applicant:

Name: _____ **Relation to student:** _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Has custody when?: _____

4. **Name of church:** _____ **Pastor:** _____

Address: _____ Phone: _____

Father is: Member of the church Not member of the church

Mother is: Member of the church Not member of the church

Applicant is: Member of the church Not member of the church

5. **Did applicant attend Heritage last year?** Yes No (Please complete New Student form)