

HERITAGE HOMESCHOOL SUPPORT

New Family Application

HERITAGE ACADEMIC CORE SUPPORT PROGRAM 2024 – 2025

FAMILY LAST NAME: _____

FATHER/LEGAL GUARDIAN _____ Married _____ Other _____ (Explain _____)

MOTHER/LEGAL GUARDIAN _____ Married _____ Other _____ (Explain _____)

ADDRESS _____
STREET _____ APT. # _____
CITY _____ ZIP _____

HOME PHONE (_____) _____ EMAIL _____

MOM CELL PHONE (_____) _____ DAD CELL PHONE (_____) _____

STUDENTS LIVES WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____ LEGAL GUARDIAN _____ OTHER _____

CHURCH YOU ATTEND _____ Member? Yes _____ No _____

CHURCH RESPONSIBILITIES/ROLE/INVOLVEMENT _____

HOW DID YOU LEARN ABOUT HERITAGE HOMESCHOOL SUPPORT?

WHY DO YOU WANT TO SEND YOUR CHILD TO HERITAGE ELEMENTARY PROGRAM?

WHY HAVE YOU CHOSEN TO HOMESCHOOL? _____

REFERRALS - PLEASE LIST TWO PERSONAL REFERENCES WE MAY CONTACT (i.e., pastor, small group leader, etc.)

FIRST AND LAST NAME	RELATIONSHIP	CITY	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

Please include the following in your application packet:

- New Family Application
- New Student Applications (1 per child)
- Completed Statement of Parent Responsibility
- Total Enrollment fee (one check) for family

Bring application packet to any of our weekday meetings or mail to (must be received by 5/8/24)
Lee Bancroft
425 Corte Majorca
Vacaville, CA 95688