

HERITAGE HOMESCHOOL SUPPORT

New Student Application

HERITAGE ACADEMIC CORE SUPPORT PROGRAM 2024 – 2025

STUDENT'S NAME _____ MALE _____ FEMALE _____

BIRTHDAY _____ / _____ / _____ LAST FIRST MIDDLE
 ENTERING GRADE _____

Please indicate enrollment preference for this student by **circling** the courses you want to enroll your student in.

GRADE 10-12

MONDAY & WEDNESDAY SCHEDULE:

	ROOM 2-LEFT	ROOM 2-RIGHT	ROOM 2-BACK	ROOM 3-LEFT	ROOM 3-RIGHT
8:00-8:50	BIBLE				
9:00-10:15	GOV'T/ECON	HS PHYSICS		SPANISH 1	GEOMETRY
10:20-11:35	LANG ART C2	HS BIOLOGY		SPANISH 2	ALGEBRA 1
11:45-1:00	LANG ART C1	FPU	ALGEBRA 2		

GRADE 7-9

TUESDAY & THURSDAY SCHEDULE:

	ROOM 2-LEFT	ROOM 2-RIGHT	ROOM 2-BACK
8:00-8:50	BIBLE		
9:00-10:15	SPANISH 1		ALGEBRA 1
10:20-11:35	LANG ART B2	MS BIOLOGY	MATH 7
11:45-1:00	LANG ART B1	MS PHYSICS	PRE-ALGEBRA

REGISTRATION FEE:

Build your registration fee:

Science.....	MS \$59 or HS \$150	_____
Language Arts.....	\$59	_____
Math.....	\$78	_____
Spanish.....	\$114	_____
Government/Economics.....	\$105 + \$105 (Jan)	_____
Financial Peace University.....	\$33	_____
Bible.....	No charge	_____
Family Membership + Admin fee (only 1 per family).....	\$100	+ _____
	TOTAL =	_____

MONTHLY TUITION:

First two classes @ \$100/class X _____ classes = _____ per student per month
 Additional classes @ \$75/class X _____ classes = _____ per student per month
 TOTAL = _____ per student per month

EDUCATION HISTORY:

PUBLIC SCHOOL _____ YEARS PRIVATE SCHOOL _____ YEARS HOMESCHOOLED _____ YEARS

SCHOOL LAST ATTENDED _____

NAME OF SCHOOL

CITY

STATE

STUDENT'S LEARNING PROFILE

Enrollment in Heritage Homeschool Core Support Program necessitates our full awareness of your student's ability, their strengths, and challenges. In order to provide the best learning environment possible in a group setting, **PLEASE BE HONEST AND THOROUGH**, providing explanations and giving details, when completing the questions below. WE PREFER NO SURPRISES IN THIS AREA.

DISCLAIMER: Heritage Core Support Program does not provide Special Education services, and tutors are not trained to be Special Education teachers.

Parent Initial: _____

SUBJECTS AND ACTIVITIES AND PASTIMES YOUR CHILD ENJOYS MOST _____

WHAT ARE YOUR CHILD'S STRENGTHS AND WEAKNESSES? _____

ARE THERE LEARNING PROBLEMS, FEARS, OR NEEDS? _____

Since we are not set up for private accommodation, this information enables accurate placement. Please include all medical diagnosis and/or suspicions that affect your child's ability to learn/be in a structured classroom or interact with peers and adults.

Please list ALL social or behavioral concerns, or differences (INCLUDE ANY ISSUES AFFECTING PARTICIPATION):

SIBLINGS:

FIRST AND LAST NAME	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BOTH PARENT/GUARDIAN SIGNATURES

X _____ DATE _____

X _____ DATE _____