

HERITAGE HOMESCHOOL SUPPORT
New Student Application
HERITAGE ELEMENTARY PROGRAM 2024 – 2025

STUDENT'S NAME _____ MALE _____ FEMALE _____
LAST FIRST MIDDLE
 BIRTHDAY ____/____/____ ENTERING GRADE _____

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

TUESDAY & THURSDAY SCHEDULE:

	GRADES 1-2	GRADE 3	GRADES 4-6
8:00-8:40	SCIENCE 1-2	PE 3	HISTORY 4-6
8:45-9:25	PE 1-2	HISTORY 3	SCIENCE 4-6
9:30-10:10	HISTORY 1-2	SCIENCE 3	PE 4-6
10:10-10:30	SNACK BREAK		
10:35-11:15	MUSIC 1-2	ART 3-6	
11:20-12:00	ART 1-2	MUSIC 3-6	

REGISTRATION FEE:

Build your registration fee:

Science.....GR 1-3: \$122 (or \$74 w/ app, \$48 in Jan) GR 4-6: \$74 _____
 History.....\$45 _____
 PE.....No charge \$0 _____
 Music..... TBD _____
 Art.....GR 1-2: \$180; GR 3-6 \$240 (or \$180 w/ app, \$60 in Jan) _____
 Family Membership + Administrative fee.....\$100 + _____
(Only one charge per family)
 TOTAL = _____

MONTHLY TUITION:

First two classes @ \$50/class X _____ classes = _____ per student per month
 Additional classes @\$25/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
_____	FIRST AND LAST NAME	AGE	GRADE	SCHOOL ATTENDING
_____	FIRST AND LAST NAME	AGE	GRADE	SCHOOL ATTENDING
_____	FIRST AND LAST NAME	AGE	GRADE	SCHOOL ATTENDING

BOTH PARENT/GUARDIAN SIGNATURES

X _____ DATE _____

X _____ DATE _____