

# Hebron Christian School

**5100 Henryville Road  
Pheba, MS 39755-334  
Phone: 662-494-7513**

## FOR OFFICE USE ONLY

Application received \_\_\_\_\_  
Application Fee \_\_\_\_\_  
Application approved \_\_\_\_\_  
Letter Sent \_\_\_\_\_

## APPLICATION FOR ADMISSION

**Please Note:** An application for admission must be completed for each student seeking enrollment. A registration fee of \$400.00 should be submitted with the application; the application will not be processed without submission of the registration fee. A supplemental application may also be requested by the school. If so, you will be notified of this, and it will be mailed to you immediately. If deemed necessary by the school administration, students in grades 1<sup>st</sup> – 8<sup>th</sup> may be tested before being admitted to HCS. If a student is not accepted for admission by Hebron Christian School for any reason, the registration fee of \$400.00, less a \$25.00 processing fee, will be refunded.

### STUDENT INFORMATION

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name Used: \_\_\_\_\_ Student's SSN: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Will student need HCS bus transportation? \_\_\_\_\_

If so, which route? West Point Starkville Houston Maben/Mathiston/Eupora

Proposed Date of Entrance: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

### **FOR KINDERGARTEN ONLY:**

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

Previous Kindergarten or Pre-School Program(s) Attended: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### REFERRAL SECTION:

Please list the name of any currently enrolled HCS family, if any, who has aided in the recruitment of you and your family to Hebron Christian School: \_\_\_\_\_

**ACADEMIC HISTORY – HCS APPLICATION FOR ADMISSION**

Has student previously been enrolled at Hebron Christian School?

Yes \_\_\_\_\_ No \_\_\_\_\_ Grade(s) \_\_\_\_\_ Number of Years \_\_\_\_\_

Please list previous school(s) attended:

Name	City	Grade(s)	Year(s)
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Address of last school attended: \_\_\_\_\_

Principal or Counselor’s Name: \_\_\_\_\_

Has student been suspended or expelled from school? \_\_\_\_\_ If yes, why? \_\_\_\_\_

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Was student re-admitted? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain, if yes: \_\_\_\_\_

Has the student ever had any disciplinary difficulty in school? If yes, explain. \_\_\_\_\_

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Indicate any mental, emotional, or special physical disabilities which may affect his/her activities or progress.  
(Reply will be held in strict confidence.)

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Are there any unusual factors in the child’s life? (Absence of father or mother, in-laws or grandparents in home, unusual accidents or serious illness, premature birth, etc.) \_\_\_\_\_

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What forms of discipline have you found effective with your child? \_\_\_\_\_

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Please provide other information about your child which would enable us to better serve him/her.

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**FAMILY INFORMATION – HCS APPLICATION FOR ADMISSION**

Parent(s) or Legal Guardian(s): \_\_\_\_\_

**NOTE: In situations where the parents are divorced, we need the name of the male head of the household and female head of the household for which the child is residing.**

Male Guardian’s Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Female Guardian’s Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Marital status of parents: Married (  ); Widowed (  ); Divorced (  ); Separated (  )

(If student does not reside with both parents, custody papers must be attached to this application.)

If grades, comments, and other school correspondence are to be mailed to parents with separate addresses, please indicate the name and address: \_\_\_\_\_

Name, address, and telephone number of person(s) to be contacted in case the parents or guardians cannot be reached: \_\_\_\_\_

**CHURCH AFFILIATION**

Name of Church: \_\_\_\_\_ Members Yes (  ); No (  )

Address of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

What church services & meetings does the student regularly attend? \_\_\_\_\_

Please give a statement of your personal experience and faith in Jesus Christ.

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Why do you want your child to attend Hebron Christian School? \_\_\_\_\_

What are your priorities regarding the total education of your child? \_\_\_\_\_

**\*\*Racial Non-Discriminatory Statement\*\***

**\*\*Hebron Christian School admits students of any race, color, and national origin.\*\***

**EMERGENCY & MEDICAL INFORMATION–HCS APPLICATION FOR ADMISSION**

Person(s) to contact in case of emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician to be contacted in emergency situation: \_\_\_\_\_ Phone #: \_\_\_\_\_

If emergency treatment is required and the parents cannot be reached immediately, may school authorities use their own judgment in calling the doctor indicated above, or if we cannot get in touch with him/her, may we call another doctor? Yes \_\_\_\_\_ No \_\_\_\_\_; If no, please specify actions to be taken by school officials: \_\_\_\_\_

Please list any medical problems which your child may have, i.e. allergies, heart abnormalities, asthma, diabetes, hearing, vision, etc. \_\_\_\_\_

Medication taking: \_\_\_\_\_

Is applicant currently, or has he/she been under psychiatric care or counseling services? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTAL CONSENT FOR FIELD TRIP AND ATHLETIC TRIP PERMISSION:**

My child has permission to go on all supervised field trips, to class parties, and to athletic competitions sponsored by Hebron Christian School. I understand that I will be notified of all field trips and class projects which will take my child off campus prior to the event itself. Transportation will be provided on a Hebron Christian School bus or in private cars. I understand that all reasonable precautions will be taken to insure my child’s safety on these outings. I will not hold Hebron Christian School or any parent or school employee responsible in case of an accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STATEMENT OF UNDERSTANDING:**

I understand that:

- A. Prior to my child’s admission, I must have returned the completed application to the HCS office.
- B. I must attach a copy of my child’s most recent report card unless he/she is entering kindergarten or 1<sup>st</sup> grade and a recent standardized achievement test score(s) of available (new students only).
- C. My child’s standardized achievement test scores may be used as one factor in determining acceptance to HCS and he/she may be required to take other tests to determine admission and/or placement.
- D. My child’s admission depends upon vacancies in the grade to which he/she is applying and a determination by HCS that my child has met all other admission requirements set forth by the school’s administrative staff and Board of Directors.
- E. All new applications for admission are subject to approval by the Board of Directors of HCS.
- F. Hebron Christian School reserves the right to dismiss any student whose conduct or academic progress is not in compliance with the school’s regulations, policies, and/or standards.
- G. Regular and punctual attendance is required for satisfactory completion of the school programs, and every student is expected to be in regular attendance unless health or some other urgent reason prohibits him/her from doing so.
- H. Students enrolling in kindergarten or first grade at HCS or those students in grades 2 – 12 who are new enrollees at HCS during the current year must provide the school a “Certificate of Compliance Form 121” which states that all immunizations are up-to-date.

I understand the terms of this application and certify that to the best of my knowledge the information provided herein is true and correct.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date