



Heritage Academy

11 New Orleans Road Hilton Head Island, SC 29928

Phone : (843) 842-8600 Fax: (843) 842-9620

Website: www.heritageacademy.org School Code: 411032

Directions: Please complete the following application along with a \$195 nonrefundable application fee and submit to the Admissions Office. Your application will be reviewed when all documents are received. If you have any questions, please contact the Director of Admissions at 843-842-8600. You may fax or mail your application to the Admissions Office.

Admission requirements will be as follows:

- Completed Application
Application Fee Payment
Completed Statement of Good Standing
Academic Transcript (from age 12 to present)

For international students only:

- Copy of Student's Passport
Confirmation of the Address to where the I-20 should be sent and a phone number
Copy of most recent Bank Statement

For SCISA Student Athletes only:

Every student-athlete must have a completed physical before she/he is allowed to participate, play or practice. A physical dated after April 1, 2023, will be valid for the entire 2023-24 athletic year.

Student Information

Name: First M. Last (Family)

Address: City State Zip Country

Local Address if different from above:

Address: City State Zip Country

Phone: (home) (cell)

Fax: Email:

Male: Female: Social Security Number: Date of Birth: Month Day Year

Non-US Citizens

Name as it appears on passport:

Country of Birth:

Country of Citizenship:

What is your native language:

Do you need an I-20:

11 New Orleans Road
Hilton Head Island, South Carolina 29928
843~842~8600 Phone 843~842~9620 Fax
www.heritageacademy.org

Parent Information

Father's Name: _____
 First M. Last (Family)

Address: _____

 City State Zip Country

Phone: _____ (home) _____ (cell) _____ (office)

Fax: _____ Email: _____

Mother's Name: _____
 First M. Last (Family)

Address: (if different from above) _____

 City State Zip Country

Phone: _____ (home) _____ (cell) _____ (office)

Fax: _____ Email: _____

Applicant lives with: _____

Financial responsibility assumed by: _____

Siblings and their ages: _____

Academy Information

Name of Current School: _____

Address: _____

 City State Zip Country

Phone: _____ Website: _____

Guidance Counselor/Head of School: _____

Expected Date of Enrollment: _____

Applying for Grade: _____ Current Grade Point Average: _____

Passion Area

Golf _____
Tennis _____
Equestrian _____
Other _____

Medical Information

Does applicant have any physical health problems that may limit physical activity?

Is applicant on any medication program (insulin, dilantin, Ritalin)?

Has applicant consulted a psychiatrist, psychologist, or psychiatric social worker?

**SEE ATTACHED IMMUNIZATION WORKSHEET
PAGE 4**

Please contact the Admissions Office at 843-842-8600 or sandy.mcguire@heritagehhi.com if you have any questions or would like to schedule a private visit.

Heritage Academy does not discriminate on the basis of race, creed, gender, national or ethnic origin in the administration of its educational policies, admissions policies, and other school-administered programs. The school is authorized under federal law to enroll non-immigrant alien students.

SC Immunization Requirements (approved by C. Mixon SC DHEC)

Required immunizations are listed below for all students attending Heritage Academy per the South Carolina Department of Health. A South Carolina Certificate of Immunization is required for all students.

All SC Residents are required to submit the SC Certificate of Immunization.

All non-residents of SC must complete the following required immunization worksheet and have it taken to a SC doctor for review and transfer onto a SC Certificate of Immunization.

Required Immunization Worksheet

_____ Last Name First Name Date of Birth

DTaP/DTP _____
Four (4) doses of any combination of DTP, DT, DtaP, or T dap vaccine with at least one (1) dose received on or after the 4th birthday.

Tdap Booster _____
One (1) dose of Tdap vaccine received on or after the 7th birthday.

Polio (IPV) _____
Three (3) doses of oral and/or inactivated polio vaccine (IPV) with at least one (1) dose on or after the 4th birthday or (4) doses of oral and or inactivated polio vaccine (IPV) before the 4th birthday (if all doses separated at least 4 weeks.)

MMR _____
Two (2) doses of rubeola (Measles) vaccine with both doses received on/or after the 1st birthday and separated by 4 weeks.
One (1) dose of rubella (German Measles) vaccine received on or after the 1st birthday. One (1) dose of mumps vaccine received on or after the 1st birthday.

Hepatitis B _____
Three (3) Doses of Hepatitis B Vaccine with the third dose received on/or after 24 weeks of age and at least 16 weeks after the 1st dose.

Varicella _____
One (1) dose of the varicella vaccine received on the 1st birthday or positive history of disease.

Varicella Disease _____
*****All students must complete the vaccine series or have had a history of the disease.

Physician Signature/Stamp _____ **Date** _____