



STATEMENT OF GOOD STANDING

The completion of this form is necessary for application to Heritage Academy. Please fill in your name, address and dates of attendance on this form. Submit the form to your Guidance Department or Student Records and have it forwarded to the following address:

Heritage Academy
Office of Admissions
11 New Orleans Road
Hilton Head Island, SC 29928
843-842-8600 phone ~ 843-842-9620 fax

Name: _____
First Middle Last

Home Address: _____
Street City

State/Province Country ZIP/Postal Code

Dates of Attendance: _____

The U.S. Family Educational Rights and Privacy Act of 1974 is a Federal law that protects the privacy of the student education records. In an effort to expedite my transfer, I _____, authorize the school to release all information as it pertains to my conduct and code of behavior.

Signature of Applicant Date

TO BE COMPLETED BY GUIDANCE OR STUDENT RECORDS

This student has applied to Heritage Academy. Will you or a member of your staff who has access to the student's records, please complete this form and return it to the address above?

1. Has this student been dismissed from your institution? If yes, please explain.

2. Has this student been subject to disciplinary action? If yes, please explain.

3. Is this student eligible to return to your institution? If yes, please explain.

4. Has the student ever skipped a grade? _____yes ____ no
5. Has the student ever repeated a grade? _____yes ____ no
6. Has the student received remedial instruction? _____yes ____ no
7. Has the student had a psychological educational evaluation? _____yes ____ no
8. Has the student ever been on an IEP or 504 plan? _____yes ____ no

Name: _____ Date: _____

Signature: _____

Official Title: _____

Institution: _____

Contact Information: _____