

## Heritage Academy

11 New Orleans Road ~ Hilton Head Island, SC 29928

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

Website: [www.https://heritageacademy.org](https://heritageacademy.org) ~ School Code: 411032

### 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 faxed or mailed back to Heritage Academy.

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 Parent/Guardian 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?

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

\_\_\_\_\_

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: \_\_\_\_\_