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Application for Individualized Program

Name of Student _____

Type of Program _____

Name of Program Instructor _____

Heritage Academy offers a college prep program designed to promote academic excellence while enhancing the opportunity for students to maximize their potential in areas of individual interest associated with either athletics or the arts. In order to facilitate fulfillment of this objective, Heritage Academy requires that each student be involved in a training program approved by the Head of School and Director of Admissions. High school students will be required to participate in fifteen (15) hours of training and middle school students are required to be involved in seven (7) hours of training.

Approved programs will normally be formal established programs serving groups of individuals with common interests. Where such programs do not exist, individualized programs may be considered. Acceptance of programs shall be solely at the Head of School’s discretion, based on assessment of appropriateness, quality and reliability.

1. Briefly describe the individual program being proposed. Include the overall goals for the program and how this program will enhance the individual student.
2. Describe the credentials of the Program Instructor. Attach a resume.
3. Provide an extensive outline defining the details of the program. Detail a multi-year program geared to the current and future focus of learning in the program.
4. Each student must be engaged in a *supervised* program for 15 hours (high school) or 7 hours (middle school) per week. Using the attach chart, please define the schedule for your student and a typical week. The student will be required to submit weekly a signed log of activities and hours from the prior week based on this chart.

The signature of the Program Instructor below indicates agreement to directly supervise the program for the above named student. The Program Instructor is required to contact Heritage Academy at any time this student ceases the program of if the student does not complete the required weekly hours.

Signature of Program Instructor

Date

Signature of Director of Admissions

Date

Weekly Training Schedule for Individualized Program

Name of Student _____

Type of Program _____

Name of Program Instructor _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Hour 1 | | | | | |
| Time | | | | | |
| Activity | | | | | |
| Supervisor | | | | | |
| Hour 2 | | | | | |
| Time | | | | | |
| Activity | | | | | |
| Supervisor | | | | | |
| Hour 3 | | | | | |
| Time | | | | | |
| Activity | | | | | |
| Supervisor | | | | | |

The signature of the Program Instructor below indicates that this program accurately reflects a typical week of training.

Signature of Program Director

Date

The signature of the student below indicates agreement to follow the plan of study and to submit a weekly log of hours detailing the activities undertaken to meet the goals of this program.

Signature of Student

Date

The signature of the parent below indicates agreement to provide transportation and other accommodations needed for the student to follow the plan of study.

Signature of Parent

Date