

**OFFICE USE ONLY**

Student No \_\_\_\_\_

Entry Date \_\_\_\_\_

# K4 - 12th GRADE ENROLLMENT FORM

## HERITAGE BAPTIST CHRISTIAN SCHOOL

**OFFICE USE ONLY**

ENR \_\_ MAT \_\_

ACT \_\_ TUIT \_\_

For School Year \_\_\_\_ - \_\_\_\_

New Enrollment \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE TO ENTER \_\_\_\_\_

Student's Name \_\_\_\_\_

Last

First

Middle

Called by \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_\_ Race \_\_\_\_\_ U.S. Citizen \_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Email \_\_\_\_\_

If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physical Hindrances\*, if any \_\_\_\_\_ Daily Administered Medication\*, if any \_\_\_\_\_

*\*HBCS IS UNABLE TO ACCEPT STUDENTS WITH AN I.E.P. OR CONSIDERED SPECIAL NEEDS AT THIS TIME. PLEASE CONTACT THE HBCS OFFICE TO BE REFERRED TO CHRISTIAN SCHOOLS WITH A SPECIAL EDUCATION PROGRAM.*

School Attended Last Year \_\_\_\_\_

School Address \_\_\_\_\_

Reason For Selecting Heritage Baptist Christian School \_\_\_\_\_

HBCS Recommended by \_\_\_\_\_

Has this student ever been a student at Heritage Baptist Christian School? Yes \_\_\_\_ No \_\_\_\_

Circle grades previously attended at HBCS. K2 K3 K4 K5 1st 2nd 3rd 4th 5th 6th 7th-12th

Give name of members of student's immediate family who have attended HBCS.

Church You Now Attend:

Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

### STATEMENT OF COOPERATION

In making application for my child, I desire to have him/her complete the school year \_\_\_\_/\_\_\_\_. It is also my understanding that the policy of the school is to make no refunds or transfers on enrollment fees or the first tuition payment. I understand that HBCS is not a state-licensed program, is exempt from such licensure, and thus does not receive state funding; therefore, I agree to pay for all services rendered by HBCS, including tuition and fees. I understand that HBCS cannot accept students with special needs at this time or make academic exceptions in the curriculum for any student. I give permission for my child to take part in all activities of HBCS, and, thus, I agree to indemnify and hold HBCS harmless for any and all liability that may result from my child attending or participating in all supervised activities of HBCS. I understand that HBCS does provide student accident insurance only in cases of proven negligence for injuries suffered at school during school hours. I have read and agree to all policies of the HBCS handbook, especially in regards to Admissions and Withdrawal/Dismissal.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

*(Please fill out the Records Release Form located on the back of this page)*