



HILLSBORO CHRISTIAN ACADEMY

Re-Enrollment Application

2019 -2020

For Office Use
Only
Date Received:
Reg Amt Pd:

Student Information

Last Name	First Name	Middle Name	Called Name	Grade
Date of Birth	Age	Gender	School District	

	Natural / Foster Father	Natural / Foster Mother	Step-Father	Step-Mother	Guardian
Name					
Address					
City,State,Zip					
Home Phone					
Cell Phone					
Occupation					
Place of Employment					
Work Phone					
Work Hours					

List all siblings with ages and grade levels:

Father's email address:

Mother's email address:

I hereby affirm that I have legal rights to re-enroll this student and the student is eligible for re-enroll-ment in Hillsboro Christian Academy.

Legal Guardian Signature: _____ Date: _____

Transportation – We are required to report your local public school information to the Ohio Department of Education. We also provide this information to the school districts that provide bus services to our school. This information is used to make important transportation decisions by our local school districts.

1. Will your child need to ride a public school bus? _____

Communication

I grant permission to have our home phone number and address published in a school directory. Yes No

Family Church: _____ Pastor _____

Pastor's Contact Information - Phone _____ Email _____

As you should already know, school families are strongly encouraged to be active members of an evangelical church and attend services no less than twice a month. Students should also be involved in a weekly youth program. This will help to reinforce the teaching they are receiving here at HCA.

Photo Consent

- Yes, you have my permission to use my child's name/likeness on any or all brochures, videos, website, newspaper articles, or advertising materials for HCA promotional purposes.
- No, do not use my child's name or likeness on any materials.

Signature of Parent/Step-parent / Guardian

I acknowledge that I have read the Parent/Student Handbook (online or upon request) and will follow and support the guidelines therein.

Father/Guardian _____ Mother/Guardian _____

Emergency Medical Information

Student Name _____	Grade _____
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List any medical allergies or conditions, including current medications being taken:

Glasses:

Contacts:

Medical Doctor or Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Medical Treatment: (Only complete Part I or Part II, NOT Both)

Part I / To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby GIVE CONSENT for the administration of any treatment deemed necessary by the listed providers and the local hospital. In the event the named medical personnel are not available, I authorize that it is allowable to seek other available and reasonable treatment.

This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted are listed above.

Legal Guardian Signature

Date

(Do not complete Part II if you have signed Part I)

Part II / Refusal To Grant Consent

I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school administration to take the following actions:

Legal Guardian Signature

Date

Custody / Pick-Up / Visitation Alerts

List any custody, pick-up concerns:

	Father	Mother	Guardian
Full Name			
Home Phone			
Cell Phone			
Work Phone			

Additional Emergency Contact / Pick-Up Information (Other than those listed on the front)

	Additional Emergency Contact	Additional Emergency Contact	Additional Emergency Contact
Full Name			
Relationship to Student			
Home Phone			
Cell Phone			
Work Phone			
Home Address			