# Hillsboro Christian Academy

849 S. High St.
Hillsboro, OH 45133
937-393-8422 / FAX 937-393-4963

## Re-Enrollment Application

*Student Information*

| Last Name | First Name | Middle Name | Grade Entering |
|---|---|---|---|
| | | | |

| Date of Birth | Age | Gender | School District |
|---|---|---|---|
| | | | |

| | Natural / Foster Father | Natural / Foster Mother | Guardian |
|---|---|---|---|
| Name | | | |
| Address | | | |
| City, State, Zip | | | |
| Home Phone | | | |
| Cell Phone | | | |
| Place of Employment | | | |
| Work Phone | | | |
| Email address: | | | |

*I hereby affirm that I have legal right to re-enroll this student and the student is eligible for re-enrollment 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 district.

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

**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

**Family Church**

Name of Church __________________________________ Senior Pastor's Name __________________________

Pastor's Contact Information: Phone No, ______________________ 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.

**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** ________________________ **Date** ___________

# Emergency Medical Information

Student Name ______________________ Grade _____
Birthday ___________________________

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 front )

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