

STUDENT ENROLLMENT FORM – SCHOOL YEAR 2021 - 22
PARENT / GUARDIAN CONTACT INFORMATION

Grade: _____

STUDENT(S) NAME: _____ Birthday: _____

This information is very important!

Please fill in the following information legibly and accurately.

This is the information the school office and teachers will use in order to get in touch with you when we need to. This will include, but not limited to, child's illness or injury while at school. Special events or changes in academic or after school schedules. School closings related to weather or mechanical problems such as water, heat, sewer, or structural problems.

NOTE: Multiple student families need fill out only one form per family if the information is the same for all children.

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian:	Relationship:		
Mailing Address:			
P.O. Box	City	State	Zip Code
1 st Phone #:	<input type="checkbox"/> Mother's Cell	<input type="checkbox"/> Father's Cell	<input type="checkbox"/> Home
2 nd Phone #:	<input type="checkbox"/> Mother's Cell	<input type="checkbox"/> Father's Cell	<input type="checkbox"/> Other _____
E-mail:	<input type="checkbox"/> Mother's	<input type="checkbox"/> Father's	<input type="checkbox"/> Other _____
E-Mail:	<input type="checkbox"/> Mother's	<input type="checkbox"/> Father's	<input type="checkbox"/> Other _____
Employer:	Work Phone #		

Parent/Guardian:	Relationship:		
Mailing Address:			
P.O. Box	City	State	Zip Code
1 st Phone #:	<input type="checkbox"/> Mother's Cell	<input type="checkbox"/> Father's Cell	<input type="checkbox"/> Home
2 nd Phone #:	<input type="checkbox"/> Mother's Cell	<input type="checkbox"/> Father's Cell	<input type="checkbox"/> Other
E-mail:	<input type="checkbox"/> Mother's	<input type="checkbox"/> Father's	<input type="checkbox"/> Other _____
E-Mail:	<input type="checkbox"/> Mother's	<input type="checkbox"/> Father's	<input type="checkbox"/> Other _____
Employer:	Work Phone #		

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EMERGENCY CONTACT AND PEOPLE AUTHORIZED TO CHECK OUT STUDENT

(do not include parents/guardians who are listed above.)

1st Contact:

Phone #:

name

relationship

2nd Contact:

Phone #:

name

relationship

3rd Contact:

Phone #:

name

relationship

4th Contact:

Phone #:

name

relationship

We, the undersigned desire to enroll our child / children in Hilltop Christian School for the 2021 - 22 school year and have answered the above questions to the best of our ability. The information given is true. We understand that the school personnel will rely on the information provided.

I agree to keep my contact information current at all time. Contact information includes mailing address, e-mail address, and telephone numbers.

I agree to cooperate with and support the administration, teaching, and support staffs of Hilltop Christian School.

I will, to the best of my ability, support and follow the policies and procedures of the school.

I agree to directly communicate any concerns I may have with the appropriate individual.

Signature of Parent/Guardian: _____

Date: _____

Print name of Parent/Guardian: _____

Physical Address – Please draw a map here using major highways.

