

STUDENT ENROLLMENT FORM – SCHOOL YEAR 2021 - 22

HILLTOP CHRISTIAN SCHOOL
P.O. BOX 9090
WINDOW ROCK, AZ 86515
www.hilltopchristian.net
Phone: 505-371-5726 Fax: 505-371-5773

FOR OFFICE USE ONLY	
Gender	Grade
Start date:	
Withdrawal Date:	
Returning Student?	
Photo:	
Copy of Updated Immunization	
Copy of Birth Certificate	
Copy of Certificate of Indian Blood	

STUDENT INFORMATION – PLEASE PRINT

Student Name: _____ Age: _____ Birth Date: _____

Resident of: (circle one) NM AZ Physical Address: _____

Please draw a map on the back page.

REQUIRED BIRTHDAY FOR ENTERING PRESCHOOL AND KINDERGARTEN

PK3: 3 years by Sept. 1, 2021	PK4: 4 years by Sept 1, 2021	Kindergarten: 5 years by Sept 1, 2021
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Have you received Navajo School Clothing in the last two years, and if so, at which school? _____

Navajo Census #: _____ Chapter: _____

If parents are separated or divorced, with whom does the child live? _____

Church family attends: _____ Pastor: _____

Please indicate tribe or ethnicity (race): _____ Primary language spoken in the home: _____

Allergies (especially include foods): _____

Medications: _____

Child's special interests or hobbies: _____

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian: _____ Relationship: _____

Mailing Address: _____

P.O. Box _____ City _____ State _____ Zip Code _____

1st Phone #: _____ 2nd Phone #: _____

3rd Phone #: _____ 4th Phone #: _____

Employer: _____ Work Phone #: _____

e-mail: _____ e-mail: _____

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Parent/Guardian:		Relationship:		
Mailing Address:				
	P.O. Box	City	State	Zip Code
1 st Phone #:		2 nd Phone #:		
3 rd Phone #:		4 th Phone #:		
Employer:			Work #:	
e-mail:		e-mail:		

**EMERGENCY CONTACT AND AUTHORIZED PEOPLE TO CHECK OUT STUDENT
(Do not add parents/guardians who are listed above.)**

1 st Contact:		Phone #:
	name	relationship
2 nd Contact:		Phone #:
	name	relationship
3 rd Contact:		Phone #:
	name	relationship
4 th 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.

