



Hilltop Christian School

P.O. Box 9090 • Window Rock, AZ 86515-9090

Phone: 505.371.5726 • Fax: 505.371.5773 www.hilltopchristian.net

Parent/Guardian Contact Information

STUDENT NAME: _____ D.O.B. / Grade: _____

STUDENT NAME: _____ D.O.B. / Grade: _____

STUDENT NAME: _____ D.O.B. / Grade: _____

STUDENT NAME: _____ D.O.B. / Grade: _____

Allergies: _____

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 _____

1st Phone #: _____ Mother's Cell _____ Father's Cell _____ Home _____

2nd Phone #: _____ Mother's Cell _____ Father's Cell _____ Other _____

E-Mail: _____ Mother's _____ Father's _____ Other _____

Employer: _____ Work Phone #: _____

Parent/Guardian:

Relationship:

Mailing Address:

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

1st Phone #: _____ Mother's Cell _____ Father's Cell _____ Home _____

2nd Phone #: Mother's Cell Father's Cell Other

E-Mail: Mother's Father's Other

Employer: Work Phone #:

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

1st Contact Name: Relationship: Phone #:

2nd Contact Name: Relationship: Phone #:

3rd Contact Name: Relationship: Phone #:

4th Contact Name: Relationship: Phone #:

We, the undersigned, desire to enroll our child / children in Hilltop Christian School for the 2023 - 24 school year. We 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 times. Contact information includes mailing address, e-mail address, and telephone numbers.

I agree to cooperate with and support the administration, teaching, and support staff 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 communicate directly 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.

Attach your file & send. Send to your printer.