

STUDENT ENROLLMENT FORM - SCHOOL YEAR 2024 – 25
PARENT / GUARDIAN CONTACT INFORMATION

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

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

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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 emergency procedures.

NOTE: Multiple student families need to 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 Father's Home Other

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

E-mail: _____ Mother's Father's Home Other

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

Employer: _____ Work Phone # _____

PARENT/GUARDIAN INFORMATION – Please print.

Parent/Guardian: _____ Relationship: _____

Mailing Address: _____

P.O. Box

City

State

Zip Code

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

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

E-mail: _____ Mother's Father's Home Other

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

Employer: _____ Work Phone # _____

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EMERGENCY CONTACT AND PEOPLE AUTHORIZED TO CHECK OUT STUDENT
(Do not include parents/guardians 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 2024 - 25 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.

