

STUDENT ENROLLMENT FORM – SCHOOL YEAR 2024-2025

HILLTOP CHRISTIAN SCHOOL

P.O. BOX 9090

WINDOW ROCK, AZ 86515

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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	
Date received	

STUDENT INFORMATION – PLEASE PRINT

Student Name: _____ Age: _____ Birth Date: _____

Male or Female (circle one) _____ Navajo Nation Chapter: _____

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, 2024	PK4: 4 years by Sept 1, 2024	Kindergarten: 5 years by Sept 1, 2024
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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: _____
