

**STUDENT INFORMATION 2014-2015**

<b>Student's Name</b> (Last, First, Middle)		<b>Date of Birth</b>		<b>Sex:</b> M or F	
<b>Address</b>		City	State	Zip	<b>Soc Sec #</b> <span style="background-color: yellow;">Req'd for All Students</span>
Home Phone (      )		Does this child have any <b>allergies</b> ? If yes, please list.			
<b>Name of Child's Physician</b>		Address	Phone #		<b>Grade Entering</b>

*If parents cannot be reached in the case of an emergency, whom should we contact?*

<b>Emergency Contact</b>	Phone #	Relationship to Student
--------------------------	---------	-------------------------

**PARENT INFORMATION**

<b>Father's Name</b>		Employer	
Cell Phone (      )	Work Phone (      )	<b>Email Address</b>	
<b>Mother's Name</b>		Employer	
Cell Phone (      )	Work Phone (      )	<b>Email Address</b>	
<b>Parents' Marital Status</b> (Circle One)		*School office must have copy of custody agreement for student's file. The student will be released to both parents unless we have signed court documents stating otherwise.	
Married      Widowed      Separated      Divorced*			
If parents are separated or divorced, with whom does the student live? _____			

**ADDITIONAL CONTACT INFORMATION**

**Names of persons authorized to pickup child: (Other than father and mother)**

<b>Name</b>	Relationship	Contact Number(s)
<b>Name</b>	Relationship	Contact Number(s)
<b>Name</b>	Relationship	Contact Number(s)
<b>Name</b>	Relationship	Contact Number(s)
<b>Name</b>	Relationship	Contact Number(s)

## Checklist of Enrollment Items Required:

	(FOR OFFICE USE)
Forms:	Date Received
Enrollment Application	
Parental Agreement	
Copy of Birth Certificate	
Copy of Social Security Card	
Current Immunization Form 3231	
Transcript Request Form ( <i>For all new students</i> )	
Fees:	Date Received
Enrollment Fee ( <i>Due at enrollment</i> )	
Book & Supply Fee ( <i>Due by June 1<sup>st</sup></i> )	
1 <sup>st</sup> Month's Tuition ( <i>Due by July 20<sup>th</sup></i> )	

### Emergency Medical Authorization

- Should my child suffer an **injury** or **illness** while in the care of Holy Ground Baptist Academy, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. **(Correct physician information is provided on front of this form.)** I agree to keep the facility informed of any changes in telephone numbers, etc. where I can be reached.
  - The facility (HGBA) agrees to keep me informed of any incidents requiring professional medical attention involving my child.
- 
- I understand that it is my responsibility to notify HGBA of **any significant changes** to information contained on this Enrollment Application, such as phone numbers, work locations, emergency contacts, family physicians, etc. as soon as those changes occur.
  - I also understand that information pertaining to my child is considered **confidential** and may not be released by HGBA without first obtaining permission from parents, other than those allowed by law, or in an emergency situation involving my child.

---

1<sup>st</sup> Parent Signature

Date

---

2<sup>nd</sup> Parent Signature

Date