

Holy Ground Baptist Academy Home School Division  
**2014-2015 Enrollment Application**

Student's Name

Last	First	Middle	Called By
Address			

Street or P.O. Box	City	State	Zip
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Home Phone \_\_\_\_\_ Sex Male Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Class/Grade _____	SSN# _____
Father's Name	Mother's Name
Employer	Employer
Work Phone Cell Phone Pager	Work Phone Cell Phone Email:
Work Address	Work Address
Marital Status (Circle One) Married Widowed Separated Divorced* Single	Marital Status (Circle One) Married Widowed Separated Divorced* Single

If parents are separated or divorced, with whom does the student live?\*

- School office must have copy of custody agreement for students file.
- We will release students to both parents unless we have signed court documents stating otherwise.

**Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Do you give permission for the school nurse to give your child **Tylenol**, only when necessary? (Please Circle One) Y N

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physical Problems/Special Needs, if any \_\_\_\_\_

Does your child have any allergies? (ex. Food, Medicine, Insects) \_\_\_\_\_ If yes, please list \_\_\_\_\_

\_\_\_\_\_

Are there any food your child cannot eat? \_\_\_\_\_

Is there any other information that you feel we should know, in order to meet the needs of your child more effectively?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Names of persons authorized to pickup child: (Other than Father and Mother)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

School Attended last year \_\_\_\_\_ Address \_\_\_\_\_

Grade Completed \_\_\_\_\_ Was Child Promoted? \_\_\_\_\_

Office Use Only:

Date Received	Registration Fee	Book & Supply Fee	1 <sup>st</sup> Months Tuition	Parental Agreement
Birth Certificate	Immunization Form	Transcript Request	Transcript Received	SS # on File

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Statement of Cooperation**

- In making application for my child it is my desire to have him/her complete this school year. It is also my understanding that the policy of the school is to make no refunds on registration fees or the initial July tuition payment.
- I also give my permission for my child to take part in all activities, including recreational activities, bus trips, sports activities, on the premises of Holy Ground Baptist Academy, and school sponsored trips away from school premises( with advanced written notice), and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
- I understand that it is my responsibility to notify the school office of any significant changes to enrollment information concerning phone numbers, work locations, emergency contacts, family physicians,etc. As soon as possible.
- I also understand that information pertaining to my child is considered confidential and may not be released by HGBA without first obtaining written permission signed by parents, other than those allowed by law or in an emergency situation involving my child.

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_