



ENROLLMENT FORM For School Year 2015-2016

**COMPLETE BACK
OF FORM**

	1st Student	2nd Student	3rd Student	4th Student
Last Name				
First Name				
Middle Name				
Nickname				
Grade Entering				
Student	<input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> New <input type="checkbox"/> Returning
Birthdate				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Cell Phone				
Student's Email				
Medical Conditions or Allergies				
Bus Rider Shoreline / Leander	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
After School Care Pre K—5	<input type="checkbox"/> Full Time <input type="checkbox"/> Drop In <input type="checkbox"/> Not Participating	<input type="checkbox"/> Full Time <input type="checkbox"/> Drop In <input type="checkbox"/> Not Participating	<input type="checkbox"/> Full Time <input type="checkbox"/> Drop In <input type="checkbox"/> Not Participating	<input type="checkbox"/> Full Time <input type="checkbox"/> Drop In <input type="checkbox"/> Not Participating
6th—8th Grade Elective Options Select one	<input type="checkbox"/> Art 6th-8th <input type="checkbox"/> Band 6th-8th <input type="checkbox"/> Theater Arts 6th-8th	<input type="checkbox"/> Art 6th-8th <input type="checkbox"/> Band 6th-8th <input type="checkbox"/> Theater Arts 6th-8th	<input type="checkbox"/> Art 6th-8th <input type="checkbox"/> Band 6th-8th <input type="checkbox"/> Theater Arts 6th-8th	<input type="checkbox"/> Art 6th-8th <input type="checkbox"/> Band 6th-8th <input type="checkbox"/> Theater Arts 6th-8th

FAMILY INFORMATION
Students' Street Address
City, State and Zip
Home Phone
Dr. Name
Dr. Phone
Hospital Preference
Health Insurance Co.
Policy No.
Group No.
I give consent for my child to be administered medical care and treatment as deemed appropriate by Summit Christian Academy, its staff, assigns or representatives. I give consent for any physician or medical personnel to provide urgent or emergency medical care or treatment for my child at their professional discretion.
I agree to hold harmless Summit Christian Academy, its staff, assigns or representatives, from any and all claims, demands, or suits relating to the procurement and authorization of medical care and treatment.
Signature _____ Date _____

SUMMIT CHRISTIAN ACADEMY ENROLLMENT FORM

FAMILY AND EMERGENCY CONTACTS

(Include all persons authorized to pick up your child(ren)
in the event you can not be reached.)

	Father	Mother	Stepparent or Another Adult authorized to pickup
Last Name			
First Name			
Relationship to student			
Home Phone			
Cell Phone			
Work Phone			
Address			
City			
State			
Zip			
Marital Status (circle one)	Married Divorced Remarried Single	Married Divorced Remarried Single	Married Divorced Remarried Single
Church Name and Affiliation			
Email address			
Occupation			
Company			

Please list other adults authorized to pickup your child(ren) with their phone numbers
1.
2.
3.
4.
5.
6.
7.
8.

Has anyone in your family ever applied to or attended Summit before?

Yes No

If yes, who, which year and grade/program last attended:
