

# ENROLLMENT FORM SCHOOL YEAR 2017-2018



	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				

## FAMILY INFORMATION

Students' Street Address

City, State and Zip

Home Phone Number

Dr. Name

Dr. Phone Number

Hospital Preference

Health Insurance Co.

Policy Number

Group Number

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 \_\_\_\_\_

**CONTINUED ON BACK**

# ENROLLMENT FORM SCHOOL YEAR 2017-2018

## FAMILY AND EMERGENCY CONTACTS (Include all persons authorized to pick up your child(ren) in the event you cannot 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 <b>PHONE NUMBERS</b>
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:

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