

ENROLLMENT FORM SCHOOL YEAR 2019-2020



| | 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 |
| <p>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.</p> <p>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.</p> | |
| Signature _____ | Date _____ |
| CONTINUED ON BACK | |

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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 & 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:
