

Account No. _____

Student ID ..

Elementary APPLICATION (Gr. TK – 5) ENROLLMENT FORM



House of Bread Christian Academy

Date ____/____/____

For School Year ____ -- ____

Reenrollment New Enrollment

OFFICE USE ONLY

OC Coop.

*Student Name (Last, First, Middle)

Goes By the name:

*Grade to Enter

*Mailing Address

*E-Mail

Home Phone

*Sex (F/M)

*Date of Birth

U.S. Citizen (Yes/No)

*Father's Name

*Father's Cell Phone

*Mother's Name

*Mother's Cell Phone

*Father's Employer

Father's Occupation

*Mother's Employer

Mother's Occupation

Father's Driver License #

Mother's Driver License #

Father's Date of Birth

Mother's Date of Birth

*Child's Primary Residence: Both Parents Mother Father Other (specify):

*Responsible Adult to Contact if Primary Contact cannot be reached

*Relation to child

*Phone #

*Name of Person(s) authorized to take child (other than parents)

*Relationship

*Phone #

Name of Person(s) authorized to take child (other than parents)

Relationship

Phone #

*Physician's Name

*Physician's Phone #

*Health Problems (if any)

School Attended Last Year

City

State

Phone #

How did you hear about our Academy? Attended HBCA HBCA Website Ads Referral Other (specify)

Has student previously attended House of Bread Christian Academy? Yes No If yes, circle grades attended TK K 1 2 3 4

Please give names of members of student's immediate family who have attended HBCA and their relationship to student:

*Church You Now Attend

City/State

VERIFY THAT ALL REQUIRED (*) FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELLOW AND THEN SIGN.

In making application for my child, I desire to have him/her complete the school year * ____ - _____. It is also my understanding that the policy of the school is to make no refunds or transfers on the registration fees or the first tuition payment. I also give permission for my child to take part in all activities of House of Bread Academy. I further agree to identify and hold House of Bread Academy harmless for any and all liability that may result from my child's attending or participating in all activities of HBCA.

*Parent's Signature _____ *Date _____