

Account No. _____
Student ID ..

**Junior High APPLICATION (Gr. 6 – 8) ENROLLMENT FORM**

**House of Bread Christian Academy**



Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For School Year \_\_\_\_\_ -- \_\_\_\_\_

Reenrollment     New Enrollment

<b>OFFICE USE ONLY</b>	
OC <input type="checkbox"/>	Coop. <input type="checkbox"/>

*Student Name (Last, First, Middle)	Goes By the name:	*Grade to Enter
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Mailing Address	E-Mail
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Home Phone	*Sex (F/M)	*Date of Birth	U.S. Citizen (Yes/No)
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*Father's Name	*Father's Cell Phone	*Mother's Name	*Mother's Cell Phone
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Father's Employer	Father's Occupation	Mother's Employer	Mother's Occupation
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*Father's Driver License #	*Mother's Driver License #
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Father's Date of Birth	Mother's Date of Birth
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\*Child's Primary Residence:  Both Parents     Mother     Father     Other (specify):

*Responsible Adult to Contact if Primary Contact cannot be reached	*Relation to child	*Phone #
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*Name of Person(s) authorized to take child (other than parents)	*Relationship	*Phone #
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Name of Person(s) authorized to take child (other than parents)	Relationship	Phone #
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*Physician's Name	*Physician's Phone #
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\*Health Problems (if any)

*School Attended Last Year	City	State	Phone #
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How did you hear about our Academy?     Attended HBCA     HBCA Website     Ads     Referral     Other<sub>(specify)</sub>

\*Has student previously attended House of Bread Christian Academy?  Yes     No    If yes, circle grades attended K 1 2 3 4 5 6 7

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 \_\_\_\_\_