



FREDONIA HILL BAPTIST ACADEMY

Enrollment Record

PUPIL _____ NICKNAME _____ M F

ENROLLMENT DATE _____ AGE WHEN SCHOOL STARTS: YR. _____ MOS. _____

BIRTHDATE SOCIAL SECURITY NO. _____

ENROLLED IN: (circle) PRE-K K 1ST 2ND 3RD 4TH 5TH 6TH

PRESENT ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL# (both parents) _____

FAMILY DOCTOR _____ ADDRESS _____ PHONE _____

LAST SCHOOL ATTENDED _____

FATHER: NAME _____

AGE _____ BIRTHDATE _____ CITY _____

OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____

CHURCH PREFERENCE _____ MEMBER OF _____

EDUCATION (highest level attained) _____

COLLEGE OR UNIVERSITY _____ MAJOR STUDY _____

HEALTH _____

MOTHER: (include maiden name) _____

AGE _____ BIRTHDATE _____ CITY _____

OCCUPATION _____

BUSINESS ADDRESS _____ PHONE _____

CHURCH PREFERENCE _____ MEMBER OF _____

EDUCATION (highest level attained) _____

COLLEGE OR UNIVERSITY _____ MAJOR STUDY _____

HEALTH _____

PARENTS: TOGETHER _____ SEPARATED _____ DIVORCED _____

RESIDENCE: HOUSE _____ APARTMENT _____ HOTEL _____ MOBILE _____ OTHER _____

ALTERNATE EMERGENCY CONTACT _____

TELEPHONE _____ ADDRESS _____

WHERE DOES CHILD STAY IF PARENTS WORK? _____

TELEPHONE _____

LIST CHILDREN IN FAMILY, YOUNGEST TO OLDEST: (state problems or difficulties if any)

_____ AGE _____ GRADE _____

_____ AGE _____ GRADE _____

AGE GRADE _____ AGE _____

GRADE _____

OTHER MEMBERS OF HOUSEHOLD _____

DOES CHILD GET ALONG WITH COMPANIONS? _____

DOES HE/SHE LEAD? _____

HIS/HER INTEREST _____

RIGHT OR LEFT HANDED? _____ ALLERGIES? _____

NEED HELP? _____

WHAT? _____

IS THIS CHILD ADOPTED? _____

DOES HE/SHE HAVE ANY PHYSICAL DISABILITIES? _____

IS CHILD ON ANY MEDICATION? _____ IF SO, WHAT KIND? _____

PARENT'S (OR LEGAL GUARDIAN'S) STATEMENT

In the event my child becomes ill or is injured while under school supervision, I approve that the school authorities take the following steps:

1. Contact a parent of the student and follow his instructions.
2. In the event that neither parent can be reached, contact the student's physician and follow his instructions. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed physician and follow his instructions. If, in the opinion of a properly licensed, practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the principal or his/her designee, Fredonia Hill Academy, and/or Fredonia Hill Baptist Church from any liability which might arise from the granting of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonable possible after the need arises.
3. I hereby grant permission for my child/children to go on field trips sponsored by Fredonia Hill Baptist Academy. I also acknowledge that the school is not responsible for injury or loss of objects on such trips.

Parent or Guardian

Date

Child