

STUDENT APPLICATION

Application for Admission

Howardsville Christian School
53441 Bent Road
Marcellus, MI 49067
Phone: 269-646-9367, Fax: 269-646-7006,

Parent's Names _____ Date _____
Address _____
Home Phone _____ E-Mail _____

Church Activity

Believing that our role at Howardsville Christian School is to assist the home and the church in the task of training young people, we feel that it is of utmost importance for all of our students, with their families, to be in regular attendance at their church.

Church your family attends: _____

How often do you attend church?

- Sunday Morning? _____
- Sunday Evening? _____
- Mid-week Service _____

Emergency Contacts

Father's Work Phone Number _____ Workplace _____
Mother's Work Phone Number _____ Workplace _____
Father's Cell Phone _____ Mother's Cell Phone _____

Persons other than parents who could be contacted in case of emergency:

1st choice: name _____ relationship _____ phone _____
2nd choice: name _____ relationship _____ phone _____
3rd choice: name _____ relationship _____ phone _____

Student Information Grade this student will enter at HCS _____

Student's Name _____
Last First Middle

Date of Birth _____ Social Security # _____
Mo/day/year

List chronologically all schools attended, including nursery and kindergarten, etc.

<u>Date</u>	<u>Grades</u>	<u>Name and address of school</u>
_____	_____	_____
_____	_____	_____

Parental Pledge

Please read carefully, sign and return with application.

I hereby agree to accept all regulations of the school in the applicant's behalf.

Recognizing that no school can operate as an extension of the home without clear understanding and cooperation in Christian discipline, we hereby invest authority in the school to discipline our child as necessary, including corporal punishment. We will support the discipline standards of the school in the home. I understand the teachers and administration have full disciplinary discretion in regards to my child as it relates to their school behavior. Disrespect of school personnel will not be tolerated.

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I agree to uphold and support the high academic standards of Howardsville Christian School by providing a place at home for my child to study. I will give my child encouragement in the completion of homework and assignments.

I understand that the Christian standards set forth in the Word of God and by Howardsville Christian School do not tolerate profanity, obscenity or the use of alcohol, drugs and tobacco. Such behavior dishonors the Holy Trinity and the Word of God.

I understand that the teaching staff and administration will be making the decision regarding placement of my child as far as room, teacher and class assignment.

I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in its educational endeavor. If this occurs, or he is withdrawn, the current month's charges are due and payable and will not be refunded.

I pledge to pay my financial obligations to the Howardsville Christian School on the date due.

My child is expected to pledge allegiance to the Bible, as God's Holy Word; to the Christian Flag, symbolic of our heavenly heritage; and to the American Flag, the symbol of our present God-given patriotic heritage.

I have read the above terms and the student handbook and pledge that my child obey them.

Parent/Guardian Signature _____ Date _____

Authorization to Release Information

Parent please fill out all information below and return to Howardsville Christian School.

Date _____

Having enrolled our child in Howardsville Christian School, I hereby grant permission to disclose and deliver to the Howardsville Christian School any and all information contained in the files of:

Student Name

This information may include bearing on mental ability, scholastic achievement (including grades), medical records, and any other information in possession of:

School Releasing Information

Address of School

Parent or Guardian Signature _____
Relationship to Student _____

Please send all records to **HOWARDSVILLE CHRISTIAN SCHOOL**
53441 Bent Road
Marcellus, MI 49067
Fax # 269-646-7006 –Phone # 269-646-9367

IMMUNIZATION

Student's Name _____ Birthdate _____
Mo/day/year

Please list immunizations below (month, day and year)

VACCINE:

Diphtheria-Tetanus-Pertussis
(DTP/DT/TD)

1. _____
2. _____
3. _____
4. _____
5. _____

Haemophilus Influenza type b
(HIB)

1. _____
2. _____
3. _____
4. _____

Polio
(OVP/IPV)

1. _____
2. _____
3. _____
4. _____

Measles, Mumps, Rubella
(MMR)

1. _____
2. _____

Notice: If the MMR vaccines were given before 12 months of age, the dosage must be repeated.

Hepatitis B
(HBV)

1. _____
2. _____
3. _____

Chicken Pox

1. _____

Has your child had the chicken pox? _____