For Office Use Only:
- Reg. Fee Rec'd _____
- School Board Appr.
- Interview
- Email List
- Class Roster
- PowerSchool
- Call Em All
- Rolodex
- Prayer Calendar
- Photo Release noted

HOWARDSVILLE CHRISTIAN SCHOOL

Enrollment Application Form

A registration fee of $125 per new student is due with the application.

Parents' Names _____Date _____
Address _____
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 _____ Gender: M F

Student's Name _____ _____
Last *First* *Middle*

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

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

Date	Grades	Name and address of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student #2 Information Grade this student will enter at HCS _____ Gender: M F

Student's Name _____ _____
Last *First* *Middle*

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

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

Date	Grades	Name and address of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student #3 Information Grade this student will enter at HCS _____ Gender: M F

Student's Name _____ _____ _____
Last *First* *Middle*

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

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

Date	Grades	Name and address of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Pledge

Please read carefully, sign and return with application.

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, any form of sexual impurity in word or action, the inappropriate use of social media or the use of alcohol, drugs and tobacco products. I understand that the lifestyle and character of the students of Howardsville Christian School are expected to exemplify the qualities outlined in Galatians Chapter 5.

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

_____
School Fax Number & Email

Parent or Guardian Signature _____
Relationship to Student _____

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

Immunization Records

(You may attach a copy of your records to this form.)

Student's Name _____
Birthdate_____

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? _____

Photo Release Form

Howardsville Christian School would like to display special pictures/videos throughout the year of our students and classes. We would like to post these pictures on our website and also to have them published in the local newspapers for everyone to enjoy. (T.R. Commercial, Kalamazoo Gazette, Marcellus News, etc.)

Both our website and the local newspapers are open to public viewing. We would like you to inform us if you will allow your child's/children's picture to be published.

- o I give permission to allow my child/children to have their picture published on the school website, local newspapers and the school's social media sites.

- o No, I DO NOT want my child/children to have their picture published.

Print Family Name: _____

Parent Signature: _____

Call 'Em All Phone System

Our primary means of contact for delays and cancellations is via our Call 'Em All Phone System. You will receive an automated phone call when we are operating on a delay or when school is closed.

Name _____ Phone Number _____
(Please print.)
Name _____ Phone Number _____
(Please print.)

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I (We) _____ and _____ are the Parent(s)/legal guardian(s), with legal custody of

Child's Name	*Birthdate*	*Child's Name*	*Birthdate*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

who reside with us at _____
and who attend Howardsville Christian School, give our permission for a licensed doctor, physician, or emergency treatment center selected by the school, coach or other representative, to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during any school sponsored event, and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnoses, treatment and hospital care deemed necessary.

We understand the school coach/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me (us) are unsuccessful. During this time we can be reached at:

Home (address stated above) Home Phone _____
Cell Phone _____
Cell Phone _____

Date _____ Father/guardian signature _____

Date _____ Mother/guardian signature_____

Doctor _____ Phone _____
Medical Insurance Company _____
Policy Number _____
Allergies to medicines or other allergies _____
_____
_____
Child is presently taking the following medication _____
_____
_____

For the following condition(s) _____
_____
_____

Additional information -

Student Medication Information

Student(s) Name: _____

Parent Signature: _____

Please list medications to be given at school (and directions), this includes pain reliever and cough drops. Make sure meds are labeled with the student's name.

_____
_____
_____

Please list medical conditions and allergies.

_____
_____
_____

The school does not provide Tylenol, cough drops, or any other oral medicine to students. If you want your child to have one of these when necessary, please send it in, labeled with the student's name.

Please return all forms to the school office.

Pastor Recommendation Form

Families - Please complete the top section and provide to your Pastor to complete the remainder of the form.

Parent's Name: -

_____

Church Name: -

_____

Church Address:

_____

Names of children applying to HCS

1. _____ Grade entering: _____
2. _____ Grade entering: _____
3. _____ Grade entering: _____
4. _____ Grade entering: _____

Pastors – The above Family has applied for enrollment to Howardsville Christian School. Please assist us by answering the questions below.

1. Is the above family an active member of your church? _____
   - Regular attendance: Yes _____ No _____
   - Involved in church programs: Yes _____ No _____
2. How long have you known the family?

_____

3. Would you consider the child(ren) open and sensitive to spiritual instruction?

_____

_____

4. Do the children cooperate well with those in authority?

_____

With peers?

_____

5. Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family?

_____

_____

6. Do you recommend this family for admission to Howardsville Christian School?

Yes _____ No _____ No Recommendation_____

Signature: _____ Date: _____

Title / Position:

_____

Church Name:

_____

Church Phone Number:

_____

Please return to:
Howardsville Christian School
53441 Bent Rd.
Marcellus, MI 49067
office@hcseagles.com