



## HOME SCHOOL STUDENT APPLICATION

Date of Application: \_\_\_\_\_

### STUDENT INFORMATION

First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Goes By \_\_\_\_\_ Gender: M F Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Start Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Names & grade levels of siblings: \_\_\_\_\_

\_\_\_\_\_

### PARENT INFORMATION

#### Father or Guardian

Relationship to student \_\_\_\_\_ Lives with Student ( Y / N )

Title \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Marital Status \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

#### Mother or Guardian

Relationship to student \_\_\_\_\_ Lives with Student ( Y / N )

Title \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Marital Status \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Continued on Back

### SCHOOL INFORMATION

Please explain why you want your child to play sports at EHCS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you become aware of EHCS? \_\_\_\_\_

Name of Homeschool Association \_\_\_\_\_

Has your student ever been suspended or had other disciplinary difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your student had any academic problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your student ever been tested for Attention Deficit Disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently taking any type medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list medications \_\_\_\_\_

If you answered yes to any other question please explain \_\_\_\_\_

\_\_\_\_\_

Please list any allergies \_\_\_\_\_

Does your student have any physical or medical limitations? \_\_\_\_\_

By initialing, you give permission for your child(ren) to be included in advertisements, photos, film footage of EHCS, and promotional materials. It is understood that you are giving permission for your child(ren) to be included until you state otherwise. \_\_\_\_\_ His/her name may / may NOT be included with his/her picture. (please circle one).

### EMERGENCY INFORMATION

In case of an emergency, I give my consent for the following person(s) to pick my child up from school if I can not be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### PARENT COMMITMENT

I want to register my child to play **SPORTS** East Hill Christian School. I have read the "Statement of Beliefs" and the "Parent Commitment Form" and do not object.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Billing Party (If different)

East Hill Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, athletic and other school administered program.