

Date \_\_\_\_\_

### Student Re-enrollment Form

(Please use separate form for each child)

To ensure an enrollment position for your child, complete this form and return it along with the non-refundable registration fee (\$125.00) to the address on this letterhead. Checks should be made payable to HVCA.

- **Returning students** entering Kindergarten, Second Grade, Fourth Grade and Seventh Grade must show satisfactory proof of recent physical examination.

#### Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

Church attending \_\_\_\_\_ Address \_\_\_\_\_ Tel. # \_\_\_\_\_

#### **Persons (other than parents) authorized to take child from school, or to be called in case of illness or emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

(PARENTS: The above information is very important for your child's protection. Please fill in all four names, and phone numbers in the order in which you want them contacted.)

#### **Program Choice**

Current grade level: \_\_\_\_\_ Grade level entering in September: \_\_\_\_\_

Kindergarten or Pre-K please indicate: Full-day 8:30a.m.-3:00 p.m. \_\_\_\_\_

Half-day 8:30 a.m.-11:45 a.m. \_\_\_\_\_

Pre-K please indicate days attending: Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

For Official Use Only	
Rec'd _____	Int. _____
Reg. Fee _____	Vacc. _____
Bk. Fee. _____	Phys. _____
Tuit. _____	

**Transportation Intent**

Please indicate below your plan for transportation to and from school for your child.

Please note that Pre-Kindergarten students are not eligible for district busing due to their age. Kindergarten students must meet their district's age requirement to be eligible for busing.

\_\_\_\_ I plan to arrange district busing for my child; \_\_\_\_ to school; \_\_\_\_ from school.  
\_\_\_\_ My child will be driven to school by: Parent \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_ My child will be driven from school by: Parent \_\_\_\_\_  
Other \_\_\_\_\_

Please notify HVCA of any changes in your transportation plan.

**Special Concerns**

Please list any special concerns (i.e. health, physical, emotional, diet, etc.) \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Does your child take any medication (if yes, please explain) \_\_\_\_\_

Date of last Tetanus Vaccine \_\_\_\_\_ Physician \_\_\_\_\_ Tel. \_\_\_\_\_

**Names of persons absolutely NOT AUTHORIZED to pick up your child from school:**

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

**Medication**

Medication may not be dispensed without your consent. Please check below if Tylenol (or its generic) may/may not be given to your child for headache, minor pain, or fever on excursions.

\_\_\_\_ Yes, I give permission to administer Tylenol or generic.  
\_\_\_\_ No, do not give Tylenol or generic.

**Internet Permission**

\_\_\_\_ Yes, my child has my permission to access the internet at school.  
\_\_\_\_ No, my child does not have my permission to access the internet at school.

**Website Permission**

\_\_\_\_ Yes, my child has my permission to have his/her photograph on the HVCA Website.  
\_\_\_\_ No, my child does not have my permission to have his/her photograph on the HVCA Website.

**HVCA Directory Permission**

\_\_\_\_ Yes, I give permission to include my child's name, parent name, address and telephone number in a school directory for parent/teacher use only. I will not use this directory for solicitation. The directory will not be on-line.  
\_\_\_\_ No, please do not include our family in the school directory.

**Local TV**

\_\_\_\_ Yes, my child has my permission to be filmed for local TV stations.  
\_\_\_\_ No, my child does not have my permission to be filmed for local TV stations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date