



# FAMILY/STUDENT INFORMATION FORM

New Hope Christian Academy  
2264 Walnut Creek Pike  
Circleville, Ohio 43113  
nhchristianacademy.org | 740-477-6427

NEW FAMILY  
(ELC)

Date \_\_\_\_\_ Grade Applying for \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Gender \_\_\_\_\_ Ethnic Origin \_\_\_\_\_ Home School District \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ School Building within the District \_\_\_\_\_  
Yes  No  Does your child have any special needs? If yes, please include a copy of your 504 plan or IEP.

### PRIMARY PARENT:

### SECONDARY PARENT:

### EMERGENCY CONTACT:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Insurance Company & Policy Number \_\_\_\_\_  
Child's Physician \_\_\_\_\_ Address \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_

*O.D.E requires two local names in case parents cannot be contacted.*  
1. Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
2. Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
3. Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone \_\_\_\_\_

### PERMISSION TO TRANSPORT CHILD *(In most cases, we will call for emergency transportation.)* *Please complete Part I OR Part II – Do not complete both parts.*

\_\_\_\_\_ PART I I give permission to New Hope Christian Academy to transport the above named child to \_\_\_\_\_ Hospital/Clinic, \_\_\_\_\_ Dentist Clinic, or to the nearest available source of assistance for Emergency medical care.

\_\_\_\_\_ PART II I do NOT give permission to New Hope Christian Academy to transport the above named child for medical emergencies (this includes emergency squad). In the event of illness or injury which requires emergency medical or dental treatment. I wish for the school to take the following actions:  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*New Hope Christian Academy admits students of any race, color, or ethnic origin to all rights, privileges, programs, and activities. In addition, NHCA will not discriminate on the basis of race, color, or ethnic origin in administration of its educational policies, scholarships, loan fee waivers, educational programs, athletics, or extracurricular activities. NHCA is not intended to be an alternative to court or administrative agency ordered or public school district initiated segregation.*

Names and ages of other children in the family \_\_\_\_\_

**HEALTH INFORMATION:**

1.) List all allergies and any special precautions/treatment (*e.g. foods, medications, environment*):

\_\_\_\_\_

2.) List medicines, food supplements, or diet modifications currently being administered to the child:

\_\_\_\_\_

3.) List any dates/reasons for hospitalization:

\_\_\_\_\_

4.) Describe any scars, birthmarks, inkings (tattoos) and location, or piercings:

\_\_\_\_\_

5.) List any reasons from participating in normal school activities:

\_\_\_\_\_

6.) Check any illness the child has had: \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis

\_\_\_\_\_ Chronic physical problems (describe) \_\_\_\_\_

**RELEASE OF INFORMATION**

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT give permission to New Hope Christian Academy to release my name and phone number to parents of children in my child's class.

**MEDIA RELEASE**

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT give permission for my child to be included in videotaping or photos carried out in the classroom.

**CHURCH MEMBERSHIP**

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT (If yes, what church? \_\_\_\_\_)

**DIVORCED OR SEPARATED PARENTS**

New Hope Christian Academy can only assume responsibility to one parent. Please designate the legally responsible person.

\_\_\_\_\_

**RELEASE OF CHILDREN FROM SCHOOL PREMISES**

The following persons have permission to pick up the above named child from New Hope Christian Academy. (*3 required in addition to parents.*)

1.) \_\_\_\_\_ Phone Number \_\_\_\_\_

2.) \_\_\_\_\_ Phone Number \_\_\_\_\_

3.) \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_