



FAMILY/STUDENT INFORMATION FORM

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

RETURNING
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:

Name _____

Address _____

City/State/Zip _____

Email _____

Cell Phone _____

Employer _____

Work Phone _____

Insurance Company & Policy Number _____

Child's Physician _____ Address _____

Child's Dentist _____ Address _____

SECONDARY PARENT:

Name _____

Address _____

City/State/Zip _____

Email _____

Cell Phone _____

Employer _____

Work Phone _____

Address _____

Address _____

EMERGENCY CONTACT:

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 _____