



HERMISTON CHRISTIAN SCHOOL Enrollment Application

TUITION PAYMENT SCHEDULE - MARK ONE:

- Full Year (by Aug. 15)
 10-Month (Aug. 15-May 15)
 12-Month (June 15-May 15)
Registration fee - \$100.00

FILL OUT ONE PER STUDENT

Student's Legal Name: _____
Last First Middle

Student's Address: _____
Address City State Zip

Male Female Student cell #: _____ Student e-mail: _____

Birth Date: ____ / ____ / ____ Mark grade in which student is enrolling: 1 2 3 4 5
Month / Day / Year

Previous School attended: _____

Address: _____

List any major areas of difficulty your child has had in school: _____

Tested for: Remedial? Yes No Gifted? Yes No

Father/Stepfather/Guardian LAST NAME: _____ First Name: _____

(circle one)

Address: _____
(If different from student's) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail _____

Employer _____ Job Title: _____

Mother/Stepmother/Guardian LAST NAME: _____ First Name: _____

(circle one)

Address: _____
(If different from student's) City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail _____

Employer _____ Job Title: _____

With whom does child reside? Both Parents Mother Father Grandparents Guardian

Parents' marital status: Married Separated Divorced Widowed Single

In case of divorce, who has legal custody of the child? _____

Please note: The school office must be notified of any restrictions regarding who may take the student from the school premises).

Shared custody arrangements: _____

Emergency contact if neither parent can be reached: _____

List those allowed to pick up your child: _____



HERMISTON CHRISTIAN SCHOOL PARENT QUESTIONNAIRE (Grades 1 - 5)

Name of Student: _____

Parent/Guardian: _____

Grade Applying for: _____ Date: _____

DIRECTIONS: Please answer each question completely. A separate sheet may be used.

1. From your perspective, what are the advantages of a Christian education at HCS?
2. What led your family to apply at Hermiston Christian School?
3. How does your student feel about attending HCS?
4. Please explain briefly your belief and relationship with Jesus Christ.
5. List the church activities in which you and your student participate together.
6. What special interests or hobbies does your child have?
7. If your child is transferring from another school, what were his/her strengths academically?
8. Does your child have any special needs?
9. Have you experienced serious behavioral issues with your child?
10. What do you, as a parent, expect Hermiston Christian School to provide for your child?

HERMISTON CHRISTIAN SCHOOL
 MEDICAL HISTORY AND RELEASE FORM
 2020-2021

Student Name _____ Age _____ Grade _____

First MI Last

Birthdate _____ Approx. height _____ Approx. Weight _____

Street Address: _____

City _____ St/Zip _____ Home Phone _____

Father _____ Phones: Cell _____ Work _____

Mother _____ Phones: Cell _____ Work _____

Emergency contact person when neither parent can be reached:

Name _____ Home Phone _____ Cell _____

Does your child have a history of:	YES	NO	CURRENT MEDICATIONS (Prescription or OTC)
Respiratory Problems (Asthma, Hayfever, Sinus, Bronchitis)			
Kidney Disease			
Diabetes/Hypoglycemia / Heart Disease / AIDS/HIV			
Epilepsy/Convulsions			
Nose bleeds			
Fainting spells			
Ear infections			
Bad headaches			
Hyperactivity/ADD/ADHD			
ALLERGIES: (Medications)			
ALLERGIES: (Bee stings, foods, etc.)			
Other:			
My child may be given if needed: Circle choice & check			Date of last Tetanus Shot: _____
Tylenol Chewable Tylenol Advil Aleve			
Cold/Allergy medication Cough Syrup			
I do not wish my child to be given medication at any time.			

Child's Doctor _____ Phone _____

Medical Insurance Provider _____ Policy No. _____

Parent/Guardian Statement: I authorize Hermiston Christian School staff to consent to medical treatment for my child when I cannot be contacted. I understand that every effort will be made to contact me before such action is taken. I also give consent for any medically authorized personnel to administer such treatment that he/she deems necessary in the event of an emergency. I assume full financial responsibility for emergency care given to my child, and will not, in any way, hold Hermiston Christian School liable.

 Parent/Guardian Signature

 Date