



# 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 - \$175.00**

**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:  6  7  8  9  10  11  12  
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: \_\_\_\_\_

List who may pick up the student (please keep school office informed, in writing, of any changes)

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



## HERMISTON CHRISTIAN SCHOOL PARENT QUESTIONNAIRE (Grades 6 - 12)

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:			
<b>My child may be given if needed: Circle choice &amp; check</b>			Date of last Tetanus Shot: _____
Tylenol   Chewable Tylenol   Advil   Aleve			
Cold/Allergy medication   Cough Syrup			
<b>I do not wish my child to be given medication at any time.</b>			

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 \_\_\_\_\_