



HOME SCHOOL STUDENT APPLICATION

Date of Application: _____

STUDENT INFORMATION

First _____ MI _____ Last Name _____

Goes By _____ Gender: M F Date of Birth _____

SSN _____ - _____ - _____ Start Date _____ Home Phone _____

Home Address _____ City _____ Zip Code _____

Names & grade levels of siblings: _____

PARENT INFORMATION

Father or Guardian

Relationship to student _____ Lives with Student (Y / N)

Title _____ First _____ MI _____ Last Name _____

SSN _____ - _____ - _____ Work Phone _____ Cell Phone _____

Occupation _____ Place of Employment _____

Home Address _____ City _____ Zip Code _____

Email _____ Home Phone _____ Marital Status _____

Church _____ Pastor _____

Mother or Guardian

Relationship to student _____ Lives with Student (Y / N)

Title _____ First _____ MI _____ Last Name _____

SSN _____ - _____ - _____ Work Phone _____ Cell Phone _____

Occupation _____ Place of Employment _____

Home Address _____ City _____ Zip Code _____

Email _____ Home Phone _____ Marital Status _____

Church _____ Pastor _____

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SCHOOL INFORMATION

Please explain why you want your child to play sports at EHCS _____

How did you become aware of EHCS? _____

Name of Homeschool Association _____

Has your student ever been suspended or had other disciplinary difficulties?	Yes _____	No _____
Has your student had any academic problems?	Yes _____	No _____
Has your student ever been tested for Attention Deficit Disorder?	Yes _____	No _____
Is your child currently taking any type medication?	Yes _____	No _____

If yes please list medications _____

If you answered yes to any other question please explain _____

Please list any allergies _____

Does your student have any physical or medical limitations? _____

By initialing, you give permission for your child(ren) to be included in advertisements, photos, film footage of EHCS, and promotional materials. It is understood that you are giving permission for your child(ren) to be included until you state otherwise. _____ His/her name may / may NOT be included with his/her picture. (please circle one).

EMERGENCY INFORMATION

In case of an emergency, I give my consent for the following person(s) to pick my child up from school if I can not be contacted: Name _____ Relationship _____
Phone _____ Name _____ Relationship _____
Phone _____ Physician _____ Phone _____
Hospital _____ Insurance Carrier _____ Policy # _____

PARENT COMMITMENT

I want to register my child to play SPORTS East Hill Christian School. I have read the "Statement of Beliefs" and the "Parent Commitment Form" and do not object.

Father's Signature

Mother's Signature

Billing Party (If different)

East Hill Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, athletic and other school administered program.