

**Eagle Ridge Christian School
Application for Enrollment:
2019-2020**

Student(s) Names:

Grade 2019-2020

Date of Birth

| | | | | |
|------|-------|------|--|--|
| Last | First | M.I. | | |
| Last | First | M.I. | | |
| Last | First | M.I. | | |
| Last | First | M.I. | | |
| Last | First | M.I. | | |

Marital Status of Parent(s):

- Married and Living Together
- Widowed
- Divorced
- Separated
- Single

If parents are not married, please provide copy of visitation agreement

Students live with:

- Father and Mother
- Father
- Mother
- Other _____

Legal Guardian
Relationship

Father:

| | | |
|---------------|----------------|------|
| Last | First | M.I. |
| Home Address | City/State | Zip |
| Home Phone | Cell Phone | |
| Email Address | | |
| Employer Name | Business Phone | |

Mother:

| | | |
|---------------|----------------|------|
| Last | First | M.I. |
| Home Address | City/State | Zip |
| Home Phone | Cell Phone | |
| Email Address | | |
| Employer Name | Business Phone | |

Emergency Contact Person(s):

| | | |
|------|--------------|-------------------------|
| Name | Phone Number | Relationship to student |
| Name | Phone Number | Relationship to student |
| Name | Phone Number | Relationship to student |

Public School Reporting Information

What public school district do you live in? _____

Please list each school age child's name and school attendance center they would attend if in the public school system.

| | |
|--------------|--------|
| _____ | _____ |
| Child's Name | School |
| _____ | _____ |
| Child's Name | School |
| _____ | _____ |
| Child's Name | School |

Grade Withholding Policy

No grades will be issued to students who have delinquent accounts of any type or have not returned all school property, including but not limited to books, magazines, audio-visual equipment, lab equipment, sports equipment, and athletic uniforms.

Additionally, no students with delinquent accounts will be considered for re-admission until proper financial responsibilities can be demonstrated.

Payment in full of all delinquent accounts and return of all school property will result in the release of records as requested.

I have read this information, understand, and agree to all the conditions stated herein.

(Parent/Guardian Signature) (Date)

Rules, Regulations, and Standards of Conduct

I understand and agree that if admitted, my child(ren), the student herein, will be subject to any and all rules, regulations, and standards, of conduct of Eagle Ridge Christian School and student handbook. Consideration is established upon payment of the registration fee and acceptance of my child as a student.

(Parent/Guardian) (Date)

Home Church

Name of Church: _____ Name of Pastor: _____

Mailing Address: _____ Phone: () _____ Denomination: _____

Referral Information (New Students Only)

Were you referred to Eagle Ridge by a family with children at the school? ___No ___Yes

If yes, please list the name of the family. _____

Liability Release Form

In consideration for being accepted by Eagle Ridge Christian School for participation in school sponsored, on or off-campus, field trips, special activities, recreation, work, and school work activities; I do hereby release, forever discharge and agree to hold harmless Eagle Ridge Christian School, Rock of Cape and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participants that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify said Rock of Cape, its directors, employees and agents for any liability sustained by said acts of said participants, including expenses incurred attendant thereto.

Signed this _____ day of _____, _____.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any acts of misfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Signature: _____ Parent/Guardian Signature: _____

Insurance Co. Name: _____ Policyholder: _____

Policy Number: _____ Hospital Preference: _____