

Student Registration

Complete one form  
for each student.

Student:		DOB:		Phone:	
Address					
Legal Guardians (List custodial parents living in the home only)					
Father:		DOB:		Phone:	
Mother:		DOB:		Phone:	
Most Recent School Attended					
School Name			Grade Level		Req Date
Address					
School Board or District					Rec Date
Authorized Pickup (other than custodial parents/guardians)					
Name			Phone		
Address					
Relationship to Child:					
Name			Phone		
Address					
Relationship to Child:					
Emergency Contact (other than parents/guardians)					
Name			Phone		
Address					
Relationship to Child:					
Name			Phone		
Address					
Relationship to Child:					
Medical Information					
Known Allergies/Sensitivities:			Known Medical Conditions:		
Please answer all questions below					
				Yes	No
Does HHS Staff have your permission to seek emergency medical treatment, and make medical decisions for this child in your absence?					
Does HHS have your permission to photograph this child?					
Does HHS have your permission to use photographs in internal communications?					
Does HHS have your permission to use photographs in external communications?					
Have you been given a copy of HHS Handbook?					
Do you understand that HHS is a church school, and a ministry of Faith Of Jesus Church, and that as such we are not subject to state school regulations?					
Do you understand and agree to the vision of Humble Hearts School?					
Do you understand that all fees paid to HHS are non-refundable?					
Parent/Guardian Signature:				Date:	
Administration Signature:				Date:	
If additional space is needed for any section on this form, please use the back of the form.					