

HCHS/PRCS K-12 STUDENT REGISTRATION FORM

FOR THE 2024 – 2025 SCHOOL YEAR

Father: _____ Mother: _____ Primary Phone: _____

(or guardian): _____ (relationship): _____ Work Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip Code: _____ Cell Phone: _____

Father's Email: _____ Mother's Email: _____

Local Congregation: _____ Are you currently an Association Member? Y N

Please fill out the table below listing your child(ren) that will be enrolled for the upcoming school year. Include your high school age children even though they have already signed up for their fall classes. Place an X in the appropriate box to show whether each student is riding the bus.

Child(ren) to be enrolled	Date of Birth	Grade Level	Bus AM (X)	Bus PM (X)

Parental Acknowledgement

We have read and agree with the school's Basis of Belief set forth in Article I of the school's Constitution. We agree to have our children taught as the principles expressed in this article are interpreted and maintained in the Protestant Reformed Churches in America. We have read and are willing to have our children taught according to the GUIDING PRINCIPLES of the school.

“The 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 and ethnic origin in the administration of its educational policies, admissions policies and athletic and other school-administered programs.”

Signature of Parent or Guardian: _____ Date: __/____/____

Emergency Contact(s): (Person(s) other than parents to call in an emergency)

Contact #1: _____ Contact #2: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

By signing below, we as parents, do consent & authorize office personnel to administer over-the-counter medication as directed when necessary (Acetaminophen, Antibiotic/topical cream, Calcium Carbonate, Ibuprofen, Antihistamine).

_____ (Parent Signature)

NOTE: Please return this form by: June / 3 / 2024