

HCHS/PRCS K-12 STUDENT REGISTRATION FORM

FOR THE 2023 – 2024 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: _____

NOTE: Please return this form by: June / 1 / 2023