

# Heritage Christian School

2017-2018



Please complete in full, one sheet per student each year and bring to enrollment.

**Student Name** \_\_\_\_\_  
Address/zip \_\_\_\_\_

Student Email (required for RenWeb) \_\_\_\_\_  
Student Cell Phone \_\_\_\_\_

## Father Information (Guardian)

Name \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email (required for RenWeb) \_\_\_\_\_

## Mother Information (Guardian)

Name \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email (required for RenWeb) \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
In case of school emergency my child may leave with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Church Information

Name \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Pastor Name \_\_\_\_\_  
Youth Pastor \_\_\_\_\_

Known food allergies: \_\_\_\_\_  
Known medical conditions: \_\_\_\_\_

Physician's Name \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Phone \_\_\_\_\_  
List of Medications \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
Allergies \_\_\_\_\_