

INDEPENDENCE CHRISTIAN SCHOOL
2011 - 2012
REGISTRATION & EMERGENCY FORM

School Year _____ Reenrollment _____ New Enrollment _____ Grade to Enter _____

Student's Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ Zip _____

Home Phone _____ Birth Date ____/____/____ Sex _____

Caucasian _____ African American _____ Hispanic _____ Asian _____ Other _____

Father's Name (Last) _____ (First) _____ Home Phone _____

Address _____ City _____ Zip _____

Father's Employer _____ Occupation _____

E-mail _____ Work Phone _____ Cell Phone _____

Mother's Name (Last) _____ (First) _____ Home Phone _____

Address _____ City _____ Zip _____

Mother's Employer _____ Occupation _____

E-mail _____ Work Phone _____ Cell Phone _____

*If Divorced or Separated Copy of Custody Documentation Must Be On File in School Office *

Church Now Attending _____ Member? _____ Attender? _____

Physician to Be Called In an Emergency _____ Phone _____

In case of illness or accident, I hereby authorize school officials to call my local physician if I or any of the emergency contacts cannot be contacted immediately.

Specific Health Information (Allergies, Medications, Medical or Physical Problems)

____ Yes, I give permission for the school office to dispense Tylenol to my child when necessary _____ Initial
____ No, I **do not** give permission for Tylenol to be given.

NEW STUDENTS ONLY

Has the student been tested for or diagnosed as having any learning disability or attention deficit disorder?

Has the student ever repeated a grade? _____ Which one? _____

Has the student ever had any scholastic difficulties?

School Last Attended _____ Address _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY & WHO ARE AUTHORIZED TO TAKE CHILD FROM FACILITY

Name _____ Relationship _____ Cell # _____
Name _____ Relationship _____ Cell # _____

AUTHORIZATION TO PICK-UP

Anyone authorized to pick-up a child must have a **yellow authorization card**.

If additional cards are needed, they can be obtained from the school office.

FIELD TRIP AUTHORIZATION

I (We) give _____, our child permission to accompany his/her class on all school organized field trips including bus trips, sports activities and school sponsored trips away from the school premises throughout the current school year.

AUTHORIZATION FOR TREATMENT OF A MINOR

I (We) the undersigned parent(s), or legal guardian(s) of the above named child, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practical act and on staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Father or Legal Guardian's Signature

Mother or Legal Guardian's Signature

Date

PLEASE READ THE FOLLOWING AND INDICATE YOUR AGREEMENT

Please check each circle

- I hereby agree that should legal action, for any reason, be taken against Independence Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not to be found at fault, I agree to pay any attorney fees, court costs, damages or other costs that Independence Christian School or its agent should incur to defend itself against such action.
- I hereby pledge that I will pay my financial obligations to **Independence Christian School** on the date due.
- I understand that the school reserves the right to expel any child who fails to comply with the established regulations and discipline or financial obligation remains unpaid after the due date.
- I understand that the standards of Independence Christian School do not tolerate profanity, obscenity in word or action, dishonor of God and His Word, disrespect to the personnel of the school or continued disobedience to the established policies of the school.
- I have read the terms stated above and agree to them.

Independence Christian 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 administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Father or Legal Guardian's Signature

Mother or Legal Guardian's Signature

Date