

**INDEPENDENCE CHRISTIAN SCHOOL  
2009-2010  
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.

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**\*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 \_\_\_\_\_

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**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 **tan 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