

HCS REGISTRATION INFORMATION

Student Home Address: _____

Father's Name: _____ Employer: _____

Cell #: _____ Work #: _____ Email: _____

Mother's Name: _____ Employer: _____

Cell #: _____ Work#: _____ Email: _____

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Student #1 Full Name: _____ DOB ____/____/____

Student Cell #: _____ Grade for 2022-23: _____

Mode of transportation: ____ CAR ____ BUS () Houston () MME/STK () WP

Allergies: _____

Student can receive the following medications:

() yes () no Tylenol () yes () no Benadryl () yes () no Tums

.....
Student #2 Full Name: _____ DOB ____/____/____

Student Cell #: _____ Grade for 2022-23: _____

Mode of transportation: ____ CAR ____ BUS () Houston () MME/STK () WP

Allergies: _____

Student can receive the following medications:

() yes () no Tylenol () yes () no Benadryl () yes () no Tums

.....
Emergency Contact other than Parent:

Name: _____ Phone: _____

Church Family Attends: _____

*** Only the following people have permission to pick up my child(ren) from school, unless I send a note with the child(ren)

Name

Parent's Signature

Date

Hebron Christian School Policy Agreement

Your signature at the bottom of this page indicates that you have read and discussed these policies with your child/children. Having this signed page on file is a required step of registration.

HANDBOOK

- I will read and adhere to the 2022-2023 Hebron Christian School Parent-Student Handbook and I will discuss policies with my child or children. We will agree to abide by the school policies as set forth in the handbook. I know that the handbook is available at hebronchristianschool.com and that I may request a hard copy of the handbook from the school office.

STUDENT DRIVER REQUIREMENTS

- I am aware that the following must be provided in order for a student to drive to school: Copy of valid driver's license, Proof of insurance copy, and \$10 Parking fee.

PERMISSION TO PHOTOGRAPH

- I give permission for my child to be photographed at school and for the photograph to be used in the yearbook, newspaper articles, school bulletin board, school website, and HCS Facebook page.
- I am aware that a written letter denying this permission will suffice to keep my child's photo from being used for school purposes.

Statement of Cooperation

It is my understanding that it is the policy of Hebron Christian School to make no refunds on registration fees, tuition, and other fees paid. I understand that I am obligated to Hebron Christian School for the entire cost of tuition, bus, and fees for the whole school year once school begins, and that these fees are due and payable at the beginning of the school year. However, I may opt to pay the entire amount due over 10 months. Should we transfer our student(s) out of HCS for reasons other than listed below, we are still obligated to pay the entire cost of tuition and fees.

- A. Job Transfer out of local area
- B. Catastrophic illness of that student

I give Hebron Christian School permission for my child to take part in all school activities and school sponsored trips away from the school premises. I also believe that corrective discipline is sometimes necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce school and classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scriptures. Should legal action, for any reason, be taken against Hebron Christian School or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my child, children, or others be enrolled, attend HCS, and it will be made a part of the child/children's permanent record.

CORPORAL CORRECTION CONSENT

We believe it is necessary to follow spiritual admonition to correct a child when their behavior is in violation of proper or reasonable rules and procedures. When warranted, corporal correction will be exercised according to the handbook.

ALL CORPORAL PUNISHMENT WILL BE GIVEN ONLY AS A LAST RESORT. THIS TYPE OF PUNISHMENT WILL BE HANDED JUSTLY AND IN A LOVING MANNER. THE STUDENT WILL BE COUNSELED AND PRAYED WITH AFTERWARDS.

____ I consent to a teacher or the principal administering a paddling to my child, if warranted.

____ I am opposed to my child receiving corporal correction.

After completion of this form, if at any time you desire to change this information, you will need to contact the office, and we will forward a new form to you.

Parent signature: _____

Name of Student(s) _____

Date: _____

