

**Eagle Ridge Christian School  
Application for Enrollment:  
2017-2018**

<b>Student(s) Names:</b>	<b>Grade 2017-2018</b>	<b>Date of Birth</b>
_____ Last      _____ First      _____ M.I.	_____	_____
_____ Last      _____ First      _____ M.I.	_____	_____
_____ Last      _____ First      _____ M.I.	_____	_____
_____ Last      _____ First      _____ M.I.	_____	_____
_____ Last      _____ First      _____ M.I.	_____	_____

**Marital Status of Parent(s):**  
 Married and Living Together  
 Widowed  
 Divorced  
 Separated  
 Single

If parents are not married, please provide copy of visitation agreement

**Students live with:**  
 Father and Mother  
 Father  
 Mother  
 Other \_\_\_\_\_  
Legal Guardian      Relationship

**Father:**

\_\_\_\_\_ Last      \_\_\_\_\_ First      \_\_\_\_\_ M.I.

\_\_\_\_\_ Home Address      \_\_\_\_\_ City/State      \_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone      \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Email Address

\_\_\_\_\_ Employer Name      \_\_\_\_\_ Business Phone

**Mother:**

\_\_\_\_\_ Last      \_\_\_\_\_ First      \_\_\_\_\_ M.I.

\_\_\_\_\_ Home Address      \_\_\_\_\_ City/State      \_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone      \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Email Address

\_\_\_\_\_ Employer Name      \_\_\_\_\_ Business Phone

**Emergency Contact Person(s):**

_____ Name	_____ Phone Number	_____ Relationship to student
_____ Name	_____ Phone Number	_____ Relationship to student
_____ Name	_____ Phone Number	_____ Relationship to student

## Public School Reporting Information

What public school district do you live in? \_\_\_\_\_

Please list each school age child's name and school attendance center they would attend if in the public school system.

_____	_____
Child's Name	School
_____	_____
Child's Name	School
_____	_____
Child's Name	School

## Grade Withholding Policy

No grades will be issued to students who have delinquent accounts of any type or have not returned all school property, including but not limited to books, magazines, audio-visual equipment, lab equipment, sports equipment, and athletic uniforms.

Additionally, no students with delinquent accounts will be considered for re-admission until proper financial responsibilities can be demonstrated.

Payment in full of all delinquent accounts and return of all school property will result in the release of records as requested.

I have read this information, understand, and agree to all the conditions stated herein.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

## Rules, Regulations, and Standards of Conduct

I understand and agree that if admitted, my child(ren), the student herein, will be subject to any and all rules, regulations, and standards, of conduct of Eagle Ridge Christian School and student handbook. Consideration is established upon payment of the registration fee and acceptance of my child as a student.

\_\_\_\_\_  
(Parent/Guardian) (Date)

## Home Church

Name of Church: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Denomination: \_\_\_\_\_

## Referral Information

Were you referred to Eagle Ridge by a family with children at the school? \_\_\_\_ No \_\_\_\_ Yes

If yes, please list the name of the family. \_\_\_\_\_

## Liability Release Form

In consideration for being accepted by Eagle Ridge Christian School for participation in school sponsored, on or off-campus, field trips, special activities, recreation, work, and school work activities; I do hereby release, forever discharge and agree to hold harmless Eagle Ridge Christian School, Rock of Cape and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participants that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify said Rock of Cape, its directors, employees and agents for any liability sustained by said acts of said participants, including expenses incurred attendant thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any acts of misfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_