

Hillcrest Baptist School Application for Enrollment

(Please type or print)

Date _____ Grade Entering _____ County of Residence _____

Student's Name _____
Last First Middle

Birthdate _____ SS# _____ Race _____ Sex _____ Age _____

Are you enrolling any other children to attend Hillcrest: NO _____ YES _____ How many? _____

Email _____

Name of Parent(s) with whom student resides: _____

Does your family attend church? _____ Sunday school? _____ Where? _____

Father's Name _____

Father's Cell Phone (_____) _____

Father's Home Phone (_____) _____

Father's Work Phone (_____) _____

Father's Name _____ Social Security# _____

Address _____
Street city state zip

Father's Place of employment _____

Mother's Name _____

Mother's Cell Phone (_____) _____

Mother's Home Phone (_____) _____

Mother's Work Phone (_____) _____

Mother's Name _____ Social Security# _____

Address _____
Street city state zip

Mother's Place of employment _____

Emergency Contact

Name of Student's doctor _____ Phone (____) _____

If neither the father nor the mother can be reached and emergency treatment for illness or injury is necessary, please give us names to contact:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Please list all persons in addition to those listed above to whom we have permission to release your child:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Father's Church affiliation and Pastor's Name: _____

A church member? YES ___ NO ___ Do you attend Services? Regularly ___ Sometime ___ Seldom ___

Mother's Church affiliation and Pastor's name: _____

A church member? YES ___ NO ___ Do you attend Services? Regularly ___ Sometime ___ Seldom ___

List all schools student attended, present school at top:

Dates	Grades Enrolled	School	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this student ever been suspended or expelled from a school? _____

If yes, please provide more information: _____

Has this student ever failed a grade? ___ If Yes, please explain. _____

Describe any physical disabilities (epilepsy, asthma, hemophilia, heart condition, hearing, eyesight, speech, nervous condition, etc.) or other mental or physical limitations.

Provide any additional information that may help us work more efficiently with the student, including hobbies, special interests, sports participation or interests, etc...

Does the student attend church? _____ Sunday school? _____ Where? _____

Is student a Christian? YES ___ NO ___ If so, for how long? _____

How and/or from whom did you hear about Hillcrest?

If you became interested in Hillcrest through an advertisement, please state the source:
