

North Hardin Christian School

1298 Rogersville Road, Radcliff, KY 40160

Student Application

Student Information

Last Name: _____ First Name: _____ Middle Initial _____
Goes By (Nickname): _____ Social Security # _____ - _____ - _____ Birthdate: ____/____/____ Age: ____
Church Affiliation: _____ Church Member: ___ Yes ___ No
Sex: ___ Race: _____ Present Grade Level: _____
What are your enrollment expectations from NHCS?
Pre-School Only / Elementary / Middle School / High School (please circle all that apply)

Family Information

Father's Last Name _____ First Name: _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Father's Email _____
Street Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Financially Responsible? ___ Yes ___ No Work Hours from _____ to _____.

Mother's Last Name: _____ First Name: _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Mother's Email _____
Street Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Financially Responsible? ___ Yes ___ No Work Hours from _____ to _____.

Admission Information

Full-Day Preschool _____ Half-Day Preschool _____ Elementary _____ Junior High _____ High School _____
You are applying to attend what grade? _____ School attended last year (list all High Schools): _____
School address: _____ School phone number _____
Have all financial obligations been fulfilled at the school listed above? Yes No
Has any grade been repeated? _____ If yes, which one: _____ Reason: _____
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? ___ Yes ___ No
Please give the specific name of the church where you and your child attend or are members:

Do you attend regularly? _____ Does your family? _____ Denomination: _____ Pastor: _____
Church Mailing Address: _____

Pickup Information

Please list any individuals who have your permission to pick up your child(ren) from school.

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

Medical Information (*signature required*)

Please list any allergies that your student may have: _____
The NHCS office will administer over-the-counter pain medication per dosage recommendations only with your permission.
Please circle the type of medication this student has permission to accept.

Your signature is required below for medication AND/OR authorization of emergency treatment.

Children's Tylenol (160mg) / Tylenol (500mg) / Ibuprofen (200 mg) / Do Not Medicate _____

I, _____, give NHCS permission to request my child's school records from

(school)

Confidential

List all medications that your child takes regularly. Include all prescription medications:

- Y/N Does the applicant have a current IEP or 504 Plan?
- Y/N Does the applicant have any significant physical impairment? If so, what?
- Y/N Has the applicant been previously hospitalized? If so, for what?
- Y/N Is the applicant allergic to anything? If so, what?
- Y/N Has the applicant had or does the applicant have any major diseases or illness?
If so, what?
- Y/N Has the applicant had any operations? If so, what?
- Y/N Is the applicant under the care of a doctor? If so, for what reason?
- Y/N Has the applicant ever been treated for any nervous, mental, or emotional disorder
or seen a psychologist? If so, explain:
- Y/N Has the applicant ever used illegal or dangerous drugs?
- Y/N Has the applicant ever used alcoholic beverages or tobacco?
- Y/N Has the applicant ever been expelled, dropped, or suspended by any school?
- Y/N Does the applicant have any physical, emotional, or mental handicaps which may affect
activities or progress? If so, explain:
- Y/N Has the applicant received any type of tutoring or therapy? If so, explain:
- Y/N Does the applicant desire to attend Our School?
Reason for leaving current school:

If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

Our Agreement

We have read and understand the Parent/Student Handbook and we are in agreement with the policies set forth. We give the school permission for my child to take part in all school activities, including sports activities and school-sponsored trips away from the school premises. We give permission for school photographs including my child to be used in NHCS marketing materials and community publications. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that the school or its agent should incur to defend itself against such action. Should legal action be required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

We agree to uphold and support the high academic standards of the School by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This statement of cooperation will be in effect for as long as my child(ren) attend the school.

Mother's or Father's Signature _____ Date _____