

# School Year Information

for Heritage Hall Christian School

ALL LEVELS



form HH-03

year 18-19

Student #1: _____	Grade: _____
Student #2: _____	Grade: _____
Student #3: _____	Grade: _____
Student #4: _____	Grade: _____
Student #5: _____	Grade: _____

## Emergency Contact

It is imperative we have accurate and current contact information. List emergency contacts below, including parents. Remember to update any changes in contact information throughout the year.

School Messenger is a notification service used by the nation's leading school systems to connect with parents, students and staff through voice, SMS text, email, and social media. We will use the service to send school emergencies and general information. Please note that we will not use the system on a daily basis. Your permission is required before we can send messages using this automatic dialing equipment. If you have any questions please feel free to contact Amy Phillips at 765-289-6371.

**Indicate below if you wish to receive these messages. Text "Y" to 68453 to opt-in to the system.**

Name (in order of contact)	Rel. to student(s)	Phone	S MSGR	FOB
1.		( ) _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		( ) _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		( ) _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		( ) _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		( ) _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Release Authorization

In addition to the emergency contacts above, please list others who may pick up your child(ren). Heritage Hall Christian School will not release a child to anyone whose name is not on this form. Names may be added or deleted throughout the year by calling the office. ***If there is anyone to whom we should NOT release your student, please list name(s) below.***

Authorized Adult	Relationship to student(s)	Phone
1.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
2.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
3.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
4.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
5.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
6.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
7.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home
8.		( ) _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home

DO NOT RELEASE TO INDIVIDUAL(S) NAMED BELOW	Relationship to student(s)



Visit us online at [www.hhcsmuncie.org](http://www.hhcsmuncie.org)

Call us at (765) 289-6371

Email us at [office@hhcsmuncie.org](mailto:office@hhcsmuncie.org)

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## Extended Care / FOB procedure

Extended Care FOBs are programmed to give access to the elementary building from 7:00-7:55 a.m. and from 3:30-5:30 p.m., Monday-Friday only. A deposit of \$20 is required for each FOB requested and will be refunded when the FOB is returned. Please indicate on the front individuals who will need a FOB. In August, FOBs will be issued the week school starts and may be picked up in the church office M-F 8a-5p. FOBs previously issued to returning families will be activated on the first day of school. When a FOB is no longer needed, please return it to the church office.

## Discipline Agreement

- I have read the discipline procedure in the Parent/Student manual.
- I understand that in some cases I may be asked to come to school and pick up my child if removing him/her from the classroom becomes necessary, OR that he/she may be required to miss the next school day.
- I will cooperate with the school regarding detentions, suspensions, essays, etc., that may be required to instruct and correct my child's behavior.

## Permission to Publish

At times we may include honor rolls, contest winners, essays, poems, photographs, videos, and names of students in Heritage Hall brochures, advertisements, electronic publications, social media, or other published materials.

- YES, you may include my child(ren) in lists and photos in social media and marketing avenues.
- NO, please do not include my child(ren) in lists and photos on social media and marketing avenues.

## Athletic Release (Grades 3-12, including spring intramural teams)

- PHYSICAL** To the best of my knowledge my son/daughter has no physical ailments that would limit his/her full participation in any athletic event including all practices and games. **A sports physical is required every year for all athletes.**
- TRAVEL** My son/daughter has permission to travel by bus with the team to all away games including overnight trips for tournament play. Further, I entrust to the coaches/sponsors the responsibility for the discipline or correction of my child while on such a trip.
- MEDICAL** Should injuries be incurred during a practice or a game, home or away, I give permission to the coaches/sponsors to secure appropriate medical attention if I cannot be reached. I will not hold the school, the administration, or the coaches/sponsors liable for injuries that may be sustained by my student.
- FINANCIAL** I accept financial responsibility for all uniforms, travel, and/or medical expense that may be incurred and will pay all fees promptly as billed.

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

**If you change insurance companies during the year, please update this information.**

## Signatures

Father signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Other (if applicable): \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



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