

School Year Information

form HH-SYI

for Heritage Hall Christian School

ALL LEVELS

year 20-21

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

Emergency Contact (Including Parents)

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 to connect with parents, students and staff through voice, SMS text, email, and social media. We will use the service to send school emergencies, schedule changes, and occasional reminders. We will not use the system on a daily basis. Your permission is required before we can send messages using this automatic dialing equipment.

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

Name	Rel. to student(s)	Phone	MESSENGER
1.		() _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> Hom	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		() _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> Hom	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		() _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> Hom	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		() _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> Hom	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		() _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> Hom	<input type="checkbox"/> Yes <input type="checkbox"/> No

Release Authorization (Not including emergency contacts named above)

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)

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If a specific court order exists, please provide a copy to be filed in the office.



Visit us online at www.hhcsmuncie.org

Call us at (765) 289-6371

Email us at office@hhcsmuncie.org

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Extended Care

The Elementary Office is staffed during extended care hours. Students are dropped off and picked up at Door #4 (under the east portico). Doors remain locked during school hours. Please ring the bell at the door and be prepared to state your name and the reason for your visit (e.g., to pick up "Child A" from extended care). We value the safety and security of each child in our care. Please notify the office of any change in pick-up plans including late arrival or a driver not listed on page 1.

Discipline

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 OR that he/she may be required to miss the next school day.

I will cooperate with the school regarding detentions, suspensions, or other requirements designed to instruct and correct my child's behavior.

Permission to Publish

Please mark "Yes" or "No"

At times we may include students' names in honor roll & recognition lists, and may use photos or videos in 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.

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

Release of Responsibility

PHYSICAL To the best of my knowledge my son/daughter has no physical ailments that would limit his/her full participation in any regular recess, physical education or athletic activities including practices and games. **A sports physical is required every year for all athletes (grades 3-12 including spring intramural sports).**

SPORTS TRAVEL My son/daughter has permission to travel by bus with the class on field trips or a team to all away games including overnight trips for tournament play. I entrust to the teachers, coaches, or sponsors the responsibility for the discipline or correction of my child while on such a trip. **PS-6th will send a permission slip for each field trip. 7-12 must sign a separate Blanket Permission for School-Day Travel form.**

MEDICAL Should injuries be incurred in the classroom, on the playground, while on a trip, or participating in an athletic event, home or away, I give permission to the teachers, coaches or sponsors to secure appropriate medical attention if I cannot be reached. I will not hold the school, the administration, or any teachers, coaches, or sponsors liable for injuries that may be sustained by my student.

FINANCIAL I accept financial responsibility for all uniforms, travel fees, and/or medical expense that may be incurred and will pay all fees promptly as billed.

INSURANCE COMPANY: _____

POLICY #: _____

Signatures Your signature below indicates you have read and agree to all policies as stated above and in the Manual.

Father signature: _____ Printed name: _____ Date: _____

Mother signature: _____ Printed name: _____ Date: _____

Other (if applicable): _____ Printed name: _____ Date: _____



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