



REGISTRATION FORM

FOR OFFICE USE ONLY:

Student No.: _____
Reg. Fee Paid: _____
_____ cc _____ cash _____ check # _____
Date Paid: _____
Form processed by: _____

Student's Name: _____
(last) (first) (middle)

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Religion (optional):** _____
Social Security No.: _____ Ages of Brother(s): _____ Sister(s): _____

Home Address: _____ **Home Phone:** _____
(City) (zip code) **EMERGENCY PHONE:** _____

Father's Name: _____ **Occupation:** _____
Employer's Name: _____
Address: _____ E-Mail Address: _____
Work Phone: () _____ Ext?: _____ Cell Ph.: () _____

Mother's Name: _____ **Occupation:** _____
Employer's Name: _____
Address: _____ E-Mail Address: _____
Work Phone: () _____ Ext?: _____ Cell Ph.: () _____

Persons permitted to pick child up at school: Mother: yes no Father: yes no

Parent's Status: married separated divorced widowed

In case of divorce, provide name of custodial Parent and legal documentation: _____

List person(s) authorized to pick up child at school in place of parent:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

List person(s), other than parent, who can assume responsibility for child if parent cannot be reached immediately in case of an emergency (may be the same as above).

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Name of Student's Health Insurance Co.: _____ **Policy #:** _____
Name of Child's Doctor: _____ **Phone:** _____

Family's Nationality: American Cuban American African American South American Asian
 Central American European Native American Other Nationality: _____

List any allergies: _____

List any ailments/illnesses: (anemia, diabetes, heart problems, low/high blood pressure, etc.):

List any diagnosed deficit area: (Ex. dyslexia, attention deficit disorder, hyperactivity, learning disability, etc.)

Indicate any special needs or medication requirements:

Check-off all communicable diseases your child has had, (please include approximate dates):

Chicken Pox: _____ Mumps: _____ Measles: _____
Scarlet Fever: _____ Rubella: _____ Meningitis: _____
Any other?: _____

Check-off if your child needs attention with any of the following:

hearing: _____ speech: _____ comprehension: _____ vision: _____ other: _____
Does student wear eyeglasses or hearing aid? (specify): _____

Indicate student's personality traits (optional). Example: well-behaved, responsible, quiet, introverted, outgoing, fearful, friendly, aggressive, self-assured, troubled, etc. _____

In your opinion, how would you generally describe your child's behavior/conduct and attitude at home (optional):

___ Excellent ___ Very Good ___ Good ___ Average ___ Poor

List any special instructions regarding eating habits, toileting or other areas of concern: _____

Has student previously attended Highpoint Academy?: ___ no ___ yes. If yes, state dates: _____

List chronologically school(s) student has attended in the past:

Name of School: _____ Grade(s)/Level: _____

Name of School: _____ Grade(s)/Level: _____

Grade/level last attended: _____ Any grade/level repeated? ___ no ___ yes.

If yes, explain: _____

AGREEMENT/DISCLAIMER

I/we have read all of the above and have filled out the questions truthfully and to the best of our ability. I have read and agree to abide by Highpoint Academy's "HANDBOOK for STUDENTS and PARENTS" which includes the School's Rules and Regulations as well as the Behavior Management Plans and Health and Safety Policies, per Section 65C-22.006(4)2., F.A.C. I understand the Administration may amend these from time to time as needed. I hereby give permission for my child's picture(s) to appear in the school website, public videos/films and/or the school Yearbook and/or other school-related publication. I understand that both my child and I will be required to sign the "AGREEMENT REGARDING COMPUTER/INTERNET USAGE" in order for my child to utilize the school computers and to access the Internet. I have read and signed the Acknowledgment Memo regarding Cell Phones and agree to abide by the school rules prohibiting use of cell phone by my child. I hereby authorize Highpoint Academy to obtain all pertinent records from the school my child previously attended, if applicable.

PRE-SCHOOL ONLY: I have received a copy of the Child Care Facility brochure titled, "KNOW YOUR CHILD'S DAY CARE FACILITY." The signature below verifies receipt of this Brochure, per Section 402.3125(5), F.S.

I understand that tuition is due monthly, **IN ADVANCE**, on the **first day** of each month, based on a 10-month school year, from August to May. I hereby understand that there will be **NO REFUNDS and NO DISCOUNTS** made for days or weeks absent from school. I understand there is a late payment penalty of **\$30.00** if tuition is not paid before the **10th day** of each Month. I further understand that if tuition is not paid by the 15th day of the month, my child will not be accepted in class and his/her enrollment may be terminated automatically. A penalty of **\$35.00** must also be paid for all **checks returned by the Bank**. I also understand that I will be responsible for selling chocolate bars in order to raise funds for the Parent-Teacher Organization (PTO); this being the only mandatory fund-raising event. I hereby authorize Highpoint Academy, Inc. to give First-Aid treatment to my child in case of an emergency. I understand that Insurance will cover Emergency treatment **ONLY**, not hospitalization.

DISCLAIMER: I understand that Highpoint Academy, Inc., its Owner/Director, employees or volunteers will NOT be liable for any accidents or incidents that may occur in or around the school property or during any extra-curricular activity.

I understand that in order for my child's registration to be completed, the school must have the following on file:

- Progress Reports/SAT's from Previous School
- Highpoint Academy's signed "Agreement Form"
- Immunization Records (Form DH 680 or 681 blue)
- Current Physical Examination (Form DH 3040/Yellow)

Signature of Father/Legal Guardian

Date: _____

Signature of Mother/Legal Guardian

Date: _____