



# Registration Information Form – 2018-19

200 Chapel Road, PO Box 188  
Geigertown, PA 19523  
(610) 286-5942 ext. 130

Registration Fee \_\_\_\_\_  
Rec'd \_\_\_\_\_  
Ck # \_\_\_\_\_  
Fee Pd. \_\_\_\_\_

K-5 full day  
 K-5 with half days  
on Tuesdays and  
Thursdays

OFFICE USE ONLY

## PARENT INFORMATION

Name: \_\_\_\_\_  
Father's Last                      Father's First                      Mother's Last                      Mother's First

Primary Address: \_\_\_\_\_  
Street    City    Zip

Home Phone: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Parents are:  Married     Separated     Divorced  
If separated or divorced, with whom does the child live?  Father     Mother

Father's Employer: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_  
circle please

Mother's Employer: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_  
circle please

We attend church regularly     Yes     No                      Church name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Pastor's name: \_\_\_\_\_

Preferred Payment Plan:     10 months     12 months\*  
\* Business office must be notified and SMART tuition forms must  
be completed by June 1st

(New enrollees)  
Were you referred to HPBA?     Yes     No    If so, by whom? \_\_\_\_\_

If not, how did you hear of HPBA? \_\_\_\_\_

Previous school attended (including pre-school): \_\_\_\_\_

Please provide copies of birth certificate and immunization record.

## TRANSPORTATION INFORMATION

**Please check the school district in which you live, even if you are NOT riding the school district bus:**

- Boyertown     Coatesville     Cocalico     Conrad Weiser     Daniel Boone     Downingtown  
 E. Lancaster     Exeter     Gov. Mifflin     Owen J. Roberts     Pottstown     Reading  
 Twin Valley     Other \_\_\_\_\_

We plan to utilize school district busing:     Yes     No

We plan to utilize HPBA busing:     Yes     No    If yes, please check the box to indicate which route:

- Pottstown/Amity (C/NC)     W. Reading/Shillington/Sinking Spring     Honey Brook/Elverson

We plan to utilize alternate transportation:

- Parent will drive to/from school     Student/sibling will drive (fill out student driver form & file in office)

## STUDENT INFORMATION

### Child #1:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Entering

Re-enroll     New Enroll

Any notable medical conditions: \_\_\_\_\_

### Child #2:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Entering

Re-enroll     New Enroll

Any notable medical conditions: \_\_\_\_\_

### Child #3:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Entering

Re-enroll     New Enroll

Any notable medical conditions: \_\_\_\_\_

### Child #4:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Entering

Re-enroll     New Enroll

Any notable medical conditions: \_\_\_\_\_

### Child #5:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Entering

Re-enroll     New Enroll

Any notable medical conditions: \_\_\_\_\_

## PARENT SIGNATURES

**Registration is not considered complete unless registration form and registration fee have been submitted. New students must also supply immunization records and previous school information before registration is considered complete.**

*I understand that all photos and video of my child are property of High Point Baptist Academy and can be used for promotional purposes without remuneration.*

*When the nurse is not available the Administration has delegated the dispensing of medication to non-licensed school personnel. The non-licensed individual will not be held liable to the student, parent or guardian of the student for any personal injuries to the student that may occur from acts of omissions or error in administering any medication.*

Do we have your permission to publish your contact information in a High Point only directory?     Yes     No

Signature of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**Please Note: Submission of this form is non-binding**