

New Family/New Student Registration Form 2022-23

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

NEW family reg. fee Rec'd Ck # Fee Pd	☐ K-5 full day ☐ K-5 with half days on Tuesdays and Thursdays
OFFICE US	SEONLY

PARENT INFORMATION

I am interested in: □ Hosting for 3 weeks

Name: Father's Last				
Father's Last	Father's First	Mother's	Last	Mother's First
Primary Address:				
Street			City	Zip
lome Phone:				
Primary E-mail Address:				
Parents are: ☐ Married ☐ If sep	•		oes the child live?	☐ Father ☐ Mother
ather's Employer:			Work or (Cell #:
			circle plea	
Nother's Employer:	Work or Cell #:			
			circle plea	se
We attend church regularly	☐ Yes ☐ No	Churc	h Name:	
Preferred Payment Plan:	☐ 10 months			e notified by June 1st for 12 month
New enrollees)		if an in the second	. 2	
f not, how did you hear of H Previous school attended (in	rba: cluding nre-schoo			
Please provide copies of birth				
, , , , , , , , , , , , , , , , , , ,				
TRANSPORTATION INI	EODMATION			
Please check the school distri	_	ive, even if you	are NOT riding the	school district hus:
☐ Antietam ☐ Boyertown		-		□ Daniel Boone
Downingtown ☐ E. Lancaster	☐ Exeter	☐ Gov. Mifflin	□ Oley	☐ Owen J. Roberts
Pottstown Reading	☐ Twin Valley	☐ Other		
We plan to utilize school dist	rict busing:	☐ Yes ☐ No		
Ne plan to utilize HPBA busi:	ng: □ Yes		please check the bo	ox to indicate which route:
☐ Pottstown/Amity (C/NC)	_	Shillington/Sink		☐ Honey Brook/Elverson
We plan to utilize alternate t	_	<i>G. E. I.</i> , <i>E. I.</i> I.	J - 1- J	-, ,
☐ Parent will drive to/from so	•	lent/sibling will	drive (fill out stude	ent driver form & file in office
·			·	
nternational Host Family Op	portunity: (Host	families will rece	eive a stipend)	

☐ Hosting for a full year

□ Not at all

STUDENT INFORMATION

<u>Child #1:</u>		
Name:		Date of Birth:
	Entering	
Any notable medical conditions:		
<u>Child #2:</u>		
Name:	Grade:	Date of Birth:
	Entering	
Any notable medical conditions:		
<u>Child #3:</u>		
Name:	Grade:	Date of Birth:
	Entering	
Any notable medical conditions:		
<u>Child #4:</u>		
Name:	Grade:	Date of Birth:
	Entering	
Any notable medical conditions:		
Names and birthdate of other children in your hou	sehold:	
Have you ever been suspended or expelled from so	<u>:hool?</u> □ Yes □ No If yes	, please attach a detailed explanation.
PARENT SIGNATURES		
Registration is not considered complete unless regi	istration form, registration	fee and a health form (for each studen
have been submitted. New students must also sup	ply immunization records, o	copy of birth certificate and previous
school information before registration is considere	d complete.	
I understand that all photos and video of my child an promotional purposes without remuneration.	re property of High Point Ba	ptist Academy and can be used for
When the nurse is not qualifule the Administration	has dalagated the dispension	a of modication to non-licensed
When the nurse is not available the Administration I school personnel. The non-licensed individual will no any personal injuries to the student that may occur j	ot be held liable to the stude	nt, parent or guardian of the student fo
Do we have your permission to publish your contact Signature of parent/guardian	•	only directory?
Signature of parent/guardian		

Please Note: Submission of this form is non-binding