

Student Registration Form

Date _____ Grade Entering _____

Student's Legal Name _____ Male _____ Female _____
First Middle Last

Prefers to be Called _____ Date of Birth ____/____/____ Age _____

Student's Cell # _____ Student's e-mail _____

Child resides with: Mother/Father Mother Only Father Only Grandparent(s)
(circle all appropriate) Mother/Father (Joint Custody) Mother/Step-Father Father/Step-Mother Guardian

Custody: Does a court order exist for this student? Yes _____ No _____ Court Placement with: _____
If yes, a certified copy of the most recent court order is required by law to be in the student's file.

Circle if appropriate: Parents Divorced Parents Separated Father Deceased Mother Deceased

Father's Name _____ Mother's Name _____

Address _____ Address _____

City State Zip Code City State Zip Code

Father's Home # _____ Mother's Home # _____

Father's Cell # _____ Mother's Cell # _____

Father's Work # _____ Mother's Work # _____

Father's e-mail _____ Mother's e-mail _____

Company _____ Company _____

Occupation _____ Occupation _____

School child attended last year _____

Names and ages of other children in family _____

Please list any information you feel the teacher should know about your child: _____

What language is spoken in your home most of the time? _____

What language does your child speak most of the time? _____

What language does your child speak and understand best? _____

Humble Christian School

16202 Old Humble Road
Humble, TX 77396
(281) 441-1313

AUTHORIZATION FOR MEDICAL TREATMENT

This is a legal consent and MUST be signed in front of a Notary Public. Properly completing this form creates a legal document, in which you, as the parent or guardian of your minor child named in this document, authorize Humble Christian School to consent for medical treatment for the minor in your behalf. This consent form meets the legal requirements set forth in Texas State Law under Texas Family Code, Chapter 35.

I _____, a parent or legal guardian of _____ do hereby authorize the Administrator of Humble Christian School or his designate, to consent for any and all medical treatment when deemed necessary by the school in behalf of the minor named herein, while the minor is in the custody of the school.

Signature of parent/legal guardian

State of Texas, County of _____

Before me, the undersigned authority, on this day personally appeared _____, knowing to me to be the person whose name is subscribed above, and acknowledged to me that they executed the same for the purpose therein expressed.

Sworn and subscribed before me on this _____ day of _____, 20_____.

Notary Public in and for

_____ County, Texas

ANY KNOWN ALLERGIES: _____

Pertinent Information for doctor to know: _____

PROBLEM SOLVING GUIDELINES

It is the desire of the leadership of Humble Christian School to have a school that God can use and bless to the fullest. We do not believe this can happen if there is disharmony among the HCS families. Scripture teaches us that God desires unity for His children. (John 17; I Corinthians 12:12-26; Ephesians 4:1-6; 13) With a desire to honor the Lord Jesus Christ with our conduct, words, attitudes, we ask you to abide by the following guidelines when a problem arises with a teacher, the administration, or another parent.

1. **Pray.** Ask God to give you wisdom concerning the situation, to show you what part you may have in the problem, and that you would learn and grow through this situation. (James 1:15)
2. **Do not talk** about the conflict to people who cannot correct or solve it, but **do talk** to those who can.

The appropriate steps to take would be:

1. Talk to the other person or persons involved, listen to their side of the story and seek understanding.
2. If it is not resolved, make an appointment with someone in administration for assistance. (Matthew 18:15-17)
3. **Be quick to forgive and show love.** (Matthew 18:21-22; I Corinthians 13:4-8; I Peter 4:8)
4. **Always speak the truth in love.** (Ephesians 4:15)

As a parent/guardian at Humble Christian School, it is my desire to follow Scripture, and I agree to follow the procedures outlined above in handling any problems or misunderstandings that may arise while my student(s) is enrolled at Humble Christian School.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

NON – DISCRIMINATION POLICY

Humble Christian School admits students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The organization does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its education policies, admission policies, athletic or other school administered programs. The school **does** reserve the right to enroll and maintain enrollment of students **selectively** to ensure that the student can profit from our program using a Bible-based curriculum.

HUMBLE CHRISTIAN SCHOOL

16202 Old Humble Road

Humble, Texas 77396

(281) 441-1313

(281) 441-1329 Fax

MISCELLANEOUS FORMS

Please bring a copy of the following forms:

Birth Certificate

Social Security Card

Shot Immunization Record *

Vision/Hearing Screening Results (if tested within the last year)

* Please note that State Law requires these records to be on hand before a child may start school.

Humble Christian School
STUDENT HEALTH INFORMATION FORM

Dear Parent/Guardian:

Thank you for taking the time to fill out this brief health information history on your child. This information will help the school nurse better understand your child, and his or her needs. Please feel free to call and make an appointment with the school nurse to discuss any special healthcare needs.

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

Grade: _____ **Date of Birth:** _____

Address: _____

Phone# _____

Health History

1. Has your child ever been hospitalized or had surgery? If yes please explain.

2. Does your child have a history of illnesses, accidents or fractures? If yes please explain.

3. Allergy information:	Yes	No
Is your child allergic to any medications?	_____	_____
Is your child allergic to any foods?	_____	_____
Is your child allergic to latex?	_____	_____
Is your child allergic to stinging insects?	_____	_____
Does your child have an EpiPen prescribed?	_____	_____

Specify Allergy(ies) (food, drug, latex, iodine, airborne, insect, other)

Describe Reaction (rash, hives, itching, breathing difficulty, other)

4. Does your child have a history of asthma? Yes _____ No _____
If yes, does your child require the use of an inhaler? Yes _____ No _____
If an inhaler is needed at school, a medication order from your physician is required.
Please contact the school nurse as soon as possible.

5. Hearing and Vision		
Has your child had a history of ear infections?	Yes _____	No _____
Does your child have tubes in place?	Yes _____	No _____
Does your child have a history of hearing loss?	Yes _____	No _____
Does your child have a history of vision problems?	Yes _____	No _____
Does your child wear glasses or contacts?	Yes _____	No _____

6. Does your child take any medication on a regular basis? Yes _____ No _____

Please list:

If medications listed are to be given at school please fill out the medication administration form.

7. Does your child have any restrictions?

8. General Health:	Yes	No
Frequent colds	_____	_____
Sore throats/frequent strep	_____	_____
Frequent stomachaches	_____	_____
Frequent nosebleeds	_____	_____
Seizures	_____	_____
Headaches	_____	_____
Heart murmur or cardiac issues	_____	_____
Eating/Nutrition issues	_____	_____
Bowel or bladder incontinence	_____	_____
Diabetes	_____	_____
Autism	_____	_____
ADD/ADHD	_____	_____

Other: Please explain

9. Are there any other medical or emotional issues you would like to share? What is your child's usual temperament?

Siblings:	Name	Age	Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Parents/Guardians Names: Contact #

Physician's Name: _____ Phone # _____

Dentist's Name: _____ Phone# _____

I give my permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician and/or emergency personnel for the purpose of referral, diagnosis, and treatment.

Parent's Signature _____ Date _____



Humble Christian School
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281-441-1313
Fax 281-441-1329

REQUEST FOR RECORDS

Student Name _____ Grade _____

Date of Birth _____

Name and address of school previously attended:

School Name		

Address		

City	State	Zip Code
_____	_____	_____
Phone	Fax	
_____	_____	

The above student has enrolled in our school. Please send us the following information:

- _____ Withdrawal Information
 - _____ Cumulative Record
 - _____ Report Card
 - _____ Transcript of all credits earned
 - _____ Grades for current school year
 - _____ Test Scores
 - _____ Attendance Record
 - _____ Immunization/Health/Medical Records
 - _____ Social Security Number
 - _____ Birth Certificate
- 1st Request _____
 2nd Request _____
 3rd Request _____

This information and any other you feel could be beneficial in enrolling this student would be appreciated. Please mail or fax this information as soon as possible.

The final regulations of the Family Education Rights and Privacy Act (amended June 17, 1976) allow educational institutions to transfer students records without written consent to another school system in which the student has enrolled.

Parent's Signature

Registrar

Humble Christian School

TUITION PAYMENT PREFERENCE CONTRACT

Student Name: _____ Grade: _____
(Please fill out a separate form for each child)

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Tuition for the 2010-2011 school year will be paid by:

- Payment in full.** This payment, due August 2, 2010, may be made directly to the school by check or cash and will entitle you to a 5% discount on tuition.
- Payment through FACTS.** (There is a \$41 annual fee per family for paying through FACTS. See enclosed brochure for more information.)
- Automatic Bank Payments** through your checking or savings account can be made on either the 5th or 20th of the month.
- 10 payments August – May
- 12 payments June - May
- MasterCard, AMEX, or Discover.** Automatically scheduled monthly payments through your credit card; please contact the business office and the appropriate form will be sent to you. Each payment will incur a credit card convenience fee*.

**At the request of parents who have indicated a desire to pay their tuition via their credit card in order to get frequent flyer miles and other benefits, any of the above payment options are available through the FACTS program for automatic billing to your MasterCard, AMEX, or Discover. If interested in this option, please check above and the appropriate form will be sent to you. NOTE: If you select this option, in addition to the annual non-refundable FACTS enrollment fee, each payment will also incur a credit card convenience fee. The amount of the convenience fee will be reviewed with you at the time you enroll with FACTS. If your monthly tuition payment is \$400, for example, the monthly convenience fee will be approximately \$10.00.*

I hereby pledge to pay my financial obligations with Humble Christian School for the 2010/2011 school year according to the option I have selected above. I also understand that if my account becomes delinquent beyond 60 days, my student will be withdrawn from school. I further understand that my student will not be allowed to re-enroll until all financial obligations are fulfilled with Humble Christian School.

Parent's Signature

Date

If you have any questions, please contact the business office at 281-441-1313.

Humble Christian School, 16202 Old Humble Road, Humble, TX 77396