

Please return this information on the first day of school. Thank you.

Heritage Christian School Student Information 2016-2017

Student Emergency Information

Student First Name _____ Middle Name _____ Last Name _____

Prefers to be called _____ Gender _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Homeroom Teacher _____ Grade _____

Father/Guardian First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Mother/Guardian First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

If unable to make contact with parents/guardians, the school is authorized to release this student to the following individuals **in case of emergency**. This is NOT the transportation release. Please see Transportation for student pick-up.

(Name) (Address) (Relationship) (Phone #1) (Phone #2)

(Name) (Address) (Relationship) (Phone #1) (Phone #2)

(Name) (Address) (Relationship) (Phone #1) (Phone #2)

(Name) (Address) (Relationship) (Phone #1) (Phone #2)

Medical conditions: _____

Medications required (note frequency): _____

Allergies (Food & Medicines): _____

Physician: _____ Phone: _____

Address: _____

AUTHORIZATION FOR TRANSPORT & TREATMENT OF MINOR

(Please ✓ and initial)

(I, we), the undersigned, parent(s) of _____, a minor,

_____ DO NOT give permission of the above named student to be transported to the nearest hospital or clinic in case of accident or injury. I understand that in the case of a serious injury or medical situation, medical personnel will be summoned to the school.

_____ DO hereby give permission of the above named student to be transported to the nearest hospital or clinic in case of accident or injury and further understand and agree to the following: In case of serious injury or illness I will be notified; but if it is impossible to contact me, I hereby authorize emergency department personnel and any other necessary, appropriate personnel in the emergency department to provide for any other emergency medical problems which my child, _____, should need in my absence or unavailability. I therefore authorize and request the emergency department to perform such medical or surgical procedures as are necessary and desirable in the exercise of professional judgment to meet emergency needs.

This authorization shall remain effective for the duration of attendance at Heritage Christian School, Inc. unless sooner revoked in writing to the school.

Father Signature

Mother Signature

Date

Proof of Insurance

_____ We confirm that our child is covered by our family insurance:

Insurance Company's Name: _____

Insurance ID#: _____

Parent Signature

Date

Handbook Acknowledgement for Preschool-12th Grades

I acknowledge that continued enrollment of our child at Heritage Christian School is dependent upon my support of the school, its policies and its staff and I acknowledge that I have received a Parent Student Handbook and I agree to familiarize myself with same.

Parent Signature

Date

Student (Name) Signature

Date

Transportation

My Child _____, Grade _____, has permission to ride home with

_____ on a regular basis. Please state days _____

and additional comments:

My child is NOT permitted to ride home with the following person(s).

Milk Permission

_____ My child may have milk. WHITE () or CHOCOLATE ()

**** Preschool students will only have white milk with morning/afternoon snack and lunch ****

_____ My child may not have milk. (If you mark this; we will omit **ALL** dairy unless specified below)

Comments/Restrictions:

PARENT SIGNATURE _____

**** Milk is sold for \$4.50 a card (10 milks to a card) for students K-5 through 12th grades ****

Press Release

During the year activities will be planned for students at Heritage Christian School, Inc. Many times the interest level of these activities warrants press coverage (i.e. newspaper, TV, radio). In order for your child to be included in any press release (name and/or picture) pertaining to the program, permission must be given by parents.

My child, _____, has permission to be included in any press release/photographs/audio pertaining to Heritage Christian School, Inc. programming.

My child, _____, does not have permission to be included in any press release/photographs/audio pertaining to Heritage Christian School, Inc. programming.

Signature of Parent/Guardian

Date

Locker Policies

1. All Students (K-5-12th grades) are to keep all coats, jackets, and other outerwear in lockers. No outerwear is to be kept at desks or in classrooms. Preschool students will keep items in the classroom.
2. For grades 4th-12th, lunch boxes are to be stored in lockers during school day. To facilitate pest management, no food is to be left or stored in lockers overnight.
3. Keep lockers neat. There will be periodic locker checks.
4. Keep hall and locker noise to a minimum.
5. All students are to report to lockers after morning devotions before classes start and upon dismissal.
6. Teachers will work out times students may go to lockers.
7. Students may TAPE pictures, etc. inside lockers only when items have prior parent and staff written approval. All items must meet same guidelines as magazines, books, music, etc. as stated in Handbook. Gum, stickers, and adhesive-type items may not be adhered to lockers.
8. All locker assignments will be made by school staff only. Any changes will be made only with staff approval.
9. All lockers will remain unlocked unless circumstances deem locks are needed and approval for use is granted by the administration. When approval is granted, only school provided locks may be used.

Student Name _____

Grade _____

Parent Signature _____

Date _____

Pesticide Application Notification

Heritage Christian School adheres to an Integrated Pest Management Plan in accordance with Title 61, Series 12J rules of the West Virginia Department of Agriculture. Pests are controlled primarily through preventive measures. When pesticides are required, the least hazardous materials will be used.

Pest management methods are classified as Level 1, Level 2, Level 3, and Level 4, depending upon their toxicity and the degree of hazard associated with their application.

Level 1	Non-chemical (preventive)
Level 2	Least hazardous (low toxicity, non-volatile baits or dusts)
Level 3	EPA Caution (limited volatility liquids)
Level 4	EPA Warning or Danger (broadcast and space treatments, spraying and fogging)

As a parent or guardian, you have the right to be notified if and when Level 3 or Level 4 pesticides are to be applied. To receive such notification, please complete the information requested below and return this form to the school office.

Please Note: Level 3 and Level 4 pesticides will not be applied when students are in the areas being treated.

Please notify me at least 24 hours prior to the application of Level 3 or Level 4 pesticides at this facility.

Parent Signature: _____ Date: _____