

- ☐ New Enrollment  
☐ Re-enrollment



# TRINITY BAPTIST SCHOOL

School Year \_\_\_\_\_

## ENROLLMENT FORM & EMERGENCY INFORMATION

Father/Guardian 1		Mother/Guardian 2
	Name	
	Address	
	C,S,Z	
	Phone	
	Email	
	Employer	
<input type="checkbox"/> Student's Primary Address		<input type="checkbox"/> Student's Primary Address

Student's Home Church \_\_\_\_\_

Who will be enrolled?

Name (First, Middle, Last)	DOB	Sex	Grade This Fall

### Permissions

I/We give permission for my/our child to take part in all school-related activities including recess, sports activities, field trips, or other school-sponsored trips away from Trinity's premises. I/We give permission for my/our child to travel in school-approved vehicles or approved parents' vehicles for trips away from Trinity. I/We further agree to hold Trinity and its agents harmless for any liability to my/our child because of any claims against Trinity of any agent thereof because of accidental injury or alleged accidental injury to my/our child.

☐ Permission

☐ No Permission

Should Trinity take photos or video clips of my/our child for yearbook, Facebook, advertising, or to create promotional videos, I/we give my/our permission for those pictures and/or clips to be used for the stated purposes without compensation or royalties.

☐ Permission

☐ No Permission

Photos of my/our child may be used for print and internet media for the purposes of advertising and public relations without reference to first or last name.

☐ Permission

☐ No Permission

\_\_\_\_\_  
 Parent / Legal Custodial Parent / Guardian Date: \_\_\_\_\_

\* \_\_\_\_\_  
 Parent / Legal Custodial Parent / Guardian Date: \_\_\_\_\_

Primary Care Physician / Pediatrician

\* In the case of separated or divorced parents where both parents share some level of legal custody of students being registered for school, both parents must sign.

#### For Office Use Only:

Submission Date: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

The welfare of your child is the first consideration of school authorities. In case of a serious medical emergency or illness, an ambulance will be called immediately. Next, the parent or guardian will be informed. We will release your physician's name as well as your name to the ambulance attendant. In the event you cannot be reached, Trinity will call the authorized physician. For minor emergencies, Trinity will immediately contact you at home or at work.

It is your responsibility to arrange for proper care in case your child should meet with an accident or becomes too ill to remain in school at a time when you are away from home. Your plans may include:  
Designating a neighbor or relative to care for your child in their home until you can be reached.  
Arranging for a person to care for your child if you are routinely away from home.  
Providing transportation home or to the doctor's office if necessary.

If my/our child becomes ill and I/we cannot be reached, please call:

Name	Cell/Phone Number

*Please notify the school if any of this information changes during the school year.*

**Submit enrollment form with \$100 deposit for each student enrolled.**