

NEW HEBRON CHRISTIAN SCHOOL

Superior Academics Plus Christian Values

10755 E. 700th Ave. ♦♦♦Robinson, Illinois 62454

Phone (618) 544-7619♦♦♦Fax (618) 544-4493

Email: nhcs@mchsi.com Web Site: www.nhcs Eagles.com

Application for Enrollment

NAME: _____ M ___ F ___
(Last) (First) (Middle Initial)

ADDRESS: _____ Phone: _____

(City/State) (Zip)

Birthdate: _____ Grade Entering: _____ School Attended Last Year: _____

Family Email: _____

**Email will be the primary method of communicating school news and information.*

Child's Normal Temperature: _____ My child may be given Tylenol at NHCS: Yes ___ No ___

Please list Regular Medications: _____

Known Allergies: _____

FATHER'S NAME: _____ Living With Child: Yes ___ No ___

Employer: _____ Work Phone: _____

Cell Phone #: _____ Pager #: _____

Address: (if different from child) _____

MOTHER'S NAME: _____ Living With Child: Yes ___ No ___

Employer: _____ Work Phone: _____

Cell Phone #: _____ Pager #: _____

Address: (if different from child) _____

Church Affiliation: _____

Please list 3 contacts for notification if parent(s) cannot be reached:

Name: _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

New Hebron Christian School reserves the right to use corporal punishment when deemed necessary. Please make yourself familiar with this policy as stated in the NHCS Handbook. Additional written instructions concerning this policy will not be honored. Signature below is required to acknowledge advance notification of New Hebron Christian School policy.

Signature: _____ Date: _____

(Father)

(Mother)

Registration Fee Paid _____ Check # _____ Date: _____