



Buffalo Christian Academy Enrollment Form

Student Name: _____ **Date of Birth:** _____

Grade applying for school year: _____

Is student a United States Citizen? _____ (If not, please include immigration records)

Parent/Guardian: _____

Physical and Mailing address: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Do you have texting capability on your cell phone? Y / N

If not, please indicate which number is best to reach you at? _____ Home _____ Cell _____ Work

Parent/Guardian: _____

Physical and Mailing address: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Do you have texting capability on your cell phone? Y / N

If not, please indicate number is best to reach you at? _____ Home _____ Cell _____ Work

****Parents are notified through the *Remind* cell phone application of snow days and/or other important alerts.**

Allergies: _____

(If more space is needed, use back of form.)

Emergency Contact: _____ Telephone No. _____

Primary Physician: _____ Telephone No. _____

I release and hold harmless Buffalo Christian Academy, its paid and volunteer staff, drivers, or students connected with this school, from any and all liability for any accident, harm, or negative impact that may occur to my child as a result of attendance at this school.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____