

ALL STUDENTS - Additional forms are available in the office for enrolling more than one child.

7.1



BUFFALO CHRISTIAN ACADEMY ENROLLMENT FORM

Student Name: _____ Date of Birth: _____

Grade applying for: _____ United States citizen? _____ If not, immigration status: _____

Parent(s)/Guardian(s):

Physical and mailing address: _____

Telephone: _____ (Dad's cell), _____ (Mom's cell), _____ (work)

Do you have texting capabilities on your cell? _____ Place * on best number is best to reach you at?

Email(s): _____

Parents are notified through SLACK and Facebook (Buffalo Christian Academy) of snow days and/or other important alerts.

Notice of Medication Administration During School Hours: No faculty member of Buffalo Christian Academy will administer medication to a student. This includes all medication, over-the counter medication, naturalpathic medicine and cough drops. Students will be excused from class if a parent needs to come administer medication during the school day.

Newly Acquired Allergies or Medical Conditions of Returning Students:

I/We 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 as a result of attendance at this school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____