

2017-2018
Heartwood Christian Academy Co-op
Student Information Form

Student's Name:		
Date of Birth:	Age:	Grade Level (____-____ school year)
School Covering:	Contact:	Phone:
Family Reference:	Phone:	
<i>This is someone that you give the teacher permission to contact as a character reference.</i>		
Home Address:		
City:	State:	Zip:
Parent/Guardian (specify) Names:		
Home phone :	Cell phone:	E-mail:
Emergency Contact:	Phone:	
List any allergies, medical limitations, or other concerns: <i>(Use back of form if necessary)</i>		
Signature of Parent/Guardian _____ Date _____		
	Classes	Fee
	<i>Fees are payable to the individual teacher. See teacher or description of classes for class fees.</i>	
Received: Check #	Cash	Other
		Amount paid: \$

Please turn this form into the teacher of the class.