

Trailhead Christian School Enrollment Form

Student Name):					
(Last)		(First)	(M	(Middle)		
Age:	_ Date of Birth:	Is stud	lent a US Citizen?	Yes No		
Birth Place (City & State):			Gender: Male	Female		
Address		City:	State:	Zip:		
Phone:		Other I	Other Phone:			
Race (Select a	all that apply)					
basis of race, policies, applic	day Adventist Church, in color, ethnic background cations of admission, sch stian School follows this	, country of origin, o olarship or loan pro	r sex in administra	tion of education		
Check	all that apply.					
White						
Hispanic						
Hispanic American Indian/Alaska Native Pacific Islander Black or African American						
Pacific Islander						
Black or African American						
Asian						
Other:						

Trailhead Christian School Enrollment Form (Cont.)

Special Needs Acknowledgement

At Trailhead Christian School, student success is a top priority and teachers use many methods to reach that goal. Students with special needs (behavioral, academic, or emotional) may require the use of resources not offered at Trailhead Christian. This takes a cooperative approach between parents, teachers, and special education personnel. Examples of resources outside of Trailhead Christian are, but not limited to, special education testing services, Individualized Education Plan implementation, counseling, behavior training, etc. Students who have special needs may be asked to obtain these services as a condition for enrollment at Trailhead Christian. Services provided in this manner are aimed at being able to keep special needs students at Trailhead Christian in a Christian environment while also providing the professional help needed for academic, behavioral, or emotional growth and success. In addition to assisting the student, these services provide support for the classroom teacher and the parents. There may also be cases where a student's needs cannot be met at Trailhead Christian, even with the added resources discussed above. Trailhead Christian's staff, in consultation with the parent, school board or conference educational superintendent, will make that determination.

☐ I have read and understand the Special Needs Policy for CACS				
 Signature	 Date			

Parent & Emergency Contact Information

Parent or Guardian 1

Check all that apply.		
Lives with Student		
Student's Legal Guardian		
Adventist Church Member		
Last name: First nam	ne:	
Relation to student:		
Mailing Address:	City:	State:
Zip: Email:		
Phone 1:	Phone 2:	
In case of emergency, which phone should w	re call first? Phone 1	Phone 2
Parent or Guardian 2		
Check all that apply.		
Lives with Student		
Student's Legal Guardian		
Adventist Church Member		
Last name: First nam	ne:	
Relation to student:	Occupation:	
Mailing Address:	City:	State:
Zip: Email:		
Phone 1:	Phone 2.	

In case of emergency, which phone should we call first?

Phone 1 F

Phone 2

Local Emergency Contacts

1. First & Last Name		_ Phone:
Relation to student:		
2. First & Last Name		_ Phone:
Relation to student:		
3. First & Last Name		_ Phone:
Relation to student:		
Physician Name & Phone		
Dentist Name & Phone		
Siblings Names	Grade	

Questions for Parents

Has your student ever received service from or been involved in: Check all that apply. Special Education Title I Reading Tutor Speech Therapy Gifted Program English as a 2nd Language Behavior Management Counseling
Legal Bindings Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: A copy of these legal documents is required.
Is there any other information that would help us serve your student?
Directory of Students
I give permission to publish parent & student names, addresses, phone number, and student's grade level in a school directory.
Yes No
Photo/Video Release I give permission to use photos for publicity, promotional, and school/conference use.
Yes No