

**Highpoint Academy, Inc.**  
**REGISTRATION**  
**FORM**

**FOR OFFICE USE ONLY:**

Student No.: \_\_\_\_\_  
Reg. Fee Paid: \_\_\_\_\_  
\_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Processed by: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
(last) (first) (middle)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Religion (optional):** \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Ages of Brother(s): \_\_\_\_\_ Sister(s): \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
(City) (zip code) **EMERGENCY PHONE:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext?: \_\_\_\_\_ Pager?: \_\_\_\_\_ Cell Ph.? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Ext?: \_\_\_\_\_ Cell Ph.: ( ) \_\_\_\_\_

**Persons permitted to pick child up at school:** Mother:  yes  no Father:  yes  no

**Parent's Status:**  married  separated  divorced  widowed

*In case of divorce, who has legal custody of child?:* \_\_\_\_\_

**List person(s) authorized to pick up child at school in place of parent:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**List person(s), other than parent, who can assume responsibility for child if parent cannot be reached immediately in case of an emergency (may be the same as above).**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Student's Health Insurance Co.:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family's Nationality:**  American  Cuban American  African American  South American  Asian

Central American  European  Native American Other Nationality: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any ailments/illnesses: (*anemia, diabetes, heart problems, low/high blood pressure, etc.*):  
\_\_\_\_\_

List any diagnosed deficit area: (*Ex. dyslexia, attention deficit disorder, hyperactivity, learning disability, etc.*)  
\_\_\_\_\_

Indicate any special needs or medication requirements:  
\_\_\_\_\_

Check-off all communicable diseases your child has had, (please include approximate dates):

Chicken Pox: \_\_\_\_\_ Mumps: \_\_\_\_\_ Measles: \_\_\_\_\_  
Scarlet Fever: \_\_\_\_\_ Rubella: \_\_\_\_\_ Meningitis: \_\_\_\_\_  
Any other?: \_\_\_\_\_

Check-off if your child needs attention with any of the following:

hearing: \_\_\_\_\_ speech: \_\_\_\_\_ comprehension: \_\_\_\_\_ vision: \_\_\_\_\_ other: \_\_\_\_\_  
Does student wear eyeglasses or hearing aid? (specify): \_\_\_\_\_

Indicate student's personality traits (optional). Example: well-behaved, responsible, quiet, introverted, outgoing, fearful, friendly, aggressive, self-assured, troubled, etc. \_\_\_\_\_

In your opinion, how would you generally describe your child's behavior/conduct and attitude at home (optional):

\_\_\_ Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Poor

List any special instructions regarding eating habits, toileting or other areas of concern: \_\_\_\_\_

Has student previously attended Highpoint Academy?: \_\_\_ no \_\_\_ yes. If yes, state dates: \_\_\_\_\_

List chronologically all schools student has attended in the past:

Name of School: \_\_\_\_\_ Grade(s)/Level: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade(s)/Level: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade(s)/Level: \_\_\_\_\_

Grade/level last attended: \_\_\_\_\_ Any grade/level repeated? \_\_\_ no \_\_\_ yes.

If yes, explain: \_\_\_\_\_

### **AGREEMENT/DISCLAIMER**

I/we have read all of the above and have filled out the questions truthfully and to the best of our ability. I have read and agree to abide by Highpoint Academy's "RULES & REGULATIONS HANDBOOK" and the Schools' **Disciplinary Practices and Procedures**, per Section 65C-22.006(4)2., F.A.C. I understand the Administration may amend these from time to time as needed. I hereby give permission for my child's picture(s) to appear in the school website, public videos/films and/or the school Yearbook and/or other school-related publication. I understand that both my child and I will be required to sign the "AGREEMENT REGARDING COMPUTER/INTERNET USAGE" in order for my child to utilize the school computers to access the Internet. I hereby authorize Highpoint Academy to obtain all pertinent records from the school my child previously attended, if applicable. **PRE-SCHOOL ONLY:** I have received a copy of the Child Care Facility brochure titled, "KNOW YOUR CHILD'S DAY CARE FACILITY." The signature below verifies receipt of this Brochure, per Section 402.3125(5), F.S.

I understand that tuition is due monthly, **IN ADVANCE**, on the **first day** of each month, based on a 10-month school year, from August to May. I hereby understand that there will be **NO REFUNDS and NO DISCOUNTS** made for days or weeks absent from school. I understand there is a late payment penalty of **\$30.00** if tuition is not paid before the **10th day** of each Month. I further understand that if tuition is not paid by the 15th day of the month, my child will not be accepted in class and his/her enrollment may be terminated automatically. A penalty of **\$30.00** must also be paid for all checks returned by the Bank. I also understand that I will be responsible for selling chocolate bars in order to raise funds for the Parent-Teacher Organization (PTO); this being the only mandatory fund-raising event. I hereby authorize Highpoint Academy, Inc. to give First-Aid treatment to my child in case of an emergency. I understand that Insurance will cover Emergency treatment **ONLY**, not hospitalization.

**DISCLAIMER:** I understand that Highpoint Academy, Inc., its Owner/Director, employees or volunteers will NOT be liable for any accidents or incidents that may occur in or around the school property or during any extra-curricular activity.

I understand that in order for my child to be registered, the school must have the following:

- Report Cards/SAT's from Previous School       Highpoint Academy's signed "Agreement Form"  
 Immunization Records (Form DH 680 or 681 blue)       Current Physical Examination (Form DH 3040/Yellow)

\_\_\_\_\_  
Signature of Father/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Legal Guardian

Date: \_\_\_\_\_