

WESTERN HILLS ACADEMY

524 Thunderbird El Paso, TX 79912 / 915-584-6642

Elementary and Middle School Enrollment Form

Please Print & use N/A where applicable.

Today's Date: _____

School Name: Western Hills Academy	Director's Name: Christine Sanchez	Rev July 2023	
Student Name:	Date of Birth:		
Student Address:	Student Home Phone:		
Date of Admission:	Entering Grade Level:		
Name(s) of persons legally responsible for child:	Parent/Guardian Address (if different from student)		
	E-mail Address:		
	Place of work:		
List telephone numbers where parents/guardian may be reached: Permission to Text: (Y) (N)	Mother's Phone #	Father's Phone #	Guardian's Phone #
	Home:	Home:	Home:
	Work:	Work:	Work:
	Cell:	Cell:	Cell:
List a person to call in case of an emergency if parent or guardian cannot be reached: <i>(This person may have access to my child's health information.)</i>	1 Name:	2 Name:	3 Name:
	Phone:	Phone:	Phone:
	Address:	Address:	Address:
In addition to the above, I hereby authorize the school to allow my child to leave the facility with the following persons:	Relationship	Relationship	Relationship
	Name:	Name:	Name:
	Phone:	Phone:	Phone:

I hereby ___ GIVE ___ do not give - my consent for my child to participate in field trips with advance notice.

I hereby ___ GIVE ___ do not give - my consent for my child to be photographed for any type of digital media.

Photo for Yearbooks Circle (Y) (N)

Allowed to apply if needed: Neosporin? (Y) (N) Hand Sanitizer? (Y) (N) Sunscreen? (Y) (N)

Insect Repellant containing DEET? (Y) (N)

List any special needs or problems your child may have, including known allergies, existing illnesses, previous serious illness and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term use and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician Address Phone

Dental Emergency Address Phone

Hospital Address Phone

I give my consent for this facility to secure any necessary emergency medical care for my child. It is understood that the school or its representatives do not assume any financial responsibility for any expenses that might be incurred for said emergency treatment.

It is further understood that school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified. **The student's health insurance card copy has been given to the school office.**

I have received a copy of the Family Handbook. I agree to abide by all such policies and procedures as defined within.

All the above information is accurate and agreed upon.

Signature - Parent or Legal Guardian _____

Director _____