



Hollywood Christian School

SUMMER ENRICHMENT APPLICATION



Today's Date: _____	For Office Use: Received: _____	Approved: _____
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STUDENT INFORMATION

Student's Last name:	First:	Middle:	Age:	Sex:
Address:				
Name student goes by.:	Home phone no.:		Cell phone no.:	
Grade:	School:		GPA:	

HCS Student (Circle One): Yes No

Names of siblings applying for the Summer Program: _____

How did you hear about the program? _____

PARENT INFORMATION

Mother's last name:		First:
Address (if different from student):		
Phone Number:	Email:	
Father's last name:		First:
Address (if different from student):		
Phone Number:	Email:	

IN CASE OF EMERGENCY

In the case of an emergency, parents will be contacted first, followed by the contacts listed below. Please ensure that all contact information is accurate.

Last name:	First:	Phone:	Relation to student:
Last name:	First:	Phone:	Relation to student:

The above information is true to the best of my knowledge. I authorize Hollywood Christian School to provide educational services to my child and agree to support the policies and goals of the program. I understand that during the duration of the program my student is expected to adhere to the policies and procedures of Hollywood Christian School as denoted in the Student-Parent handbook which can be located at www.hollywoodchristianschool.org/resources/student-parent-handbook. I understand that school administration exercises the right to enroll or un-enroll my student at any time during the course of the program due to behavior, lack of academic progress, inadequate parental support, or other reasons deemed necessary by school administration. I understand that Hollywood Christian School is a ministry of Hollywood Community Church and operates in accordance with the values, beliefs, and principles as articulated in The Holy Bible and interpreted in the school's Statement of Faith, which can be found in the Student-Parent Handbook. As a parent I agree to support the school in a positive manner and handle conflict within the confines of the policies of Hollywood Christian School.

Patient/Guardian signature	Date
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