

ARROWHEAD CHRISTIAN ACADEMY

4030 W. Yorkshire Drive
Glendale, AZ 85308
623-582-6871 fax 623-581-9311
E-mail Lguthrie@nwvalleybaptist.org

Student's name _____ Date of birth _____
(Last) (First) (M.I.)

Last grade completed _____ Previous school & address _____

Home address _____
Number & street City Zip code

Phone number _____ Cell phone number(s) _____

E-mail address(es) _____ Church affiliation _____ Mom Dad

Pastor's name _____

Who will be responsible for tuition and fees? _____

Mailing/billing address _____
(If different from home address)

Parents: Married Separated or Divorced; Children live with _____

Father's name _____ Occupation _____

Business name _____ Business phone _____

Mother's name _____ Occupation _____

Business name _____ Business phone _____

Statement of Agreement: Please sign the following statement after reading the Parent-Student Handbook.

Arrowhead Christian Academy is a ministry of Northwest Valley Baptist Church to provide a Biblically-based, academically excellent education. The primary responsibility of education, discipleship, and discipline of children belongs to the parents, and the school is an extension of the home working with the parents to reach these common goals. It is important to understand that the school setting is different from the home due to the number of people. Control is conducive to good teaching and thus guidelines have been established in the Parent-Student Handbook for the good of the whole. The best prevention for misunderstandings is to read and fully understand the Parent-Student Handbook. If you have questions, please contact the teacher or administrator. We realize that rarely is the entire constituency of an organization in total harmony with all of the rules and policies of that organization. What we ask is that you, as parents, agree to the following:

"I have completely read the Parent-Student Handbook and although I may not be in complete agreement with all the rules and regulations, I do agree to instruct my child to abide by them and to cooperate with the school personnel while enrolled in Arrowhead Christian Academy. If I do disagree, I will not voice it to my child, other students, or parents but will go to the teacher or administrator about my concern. I also understand that the acceptance or dismissal of a student for any reason is at the discretion of the administration."

Parent's Signature(s) _____ Date _____

_____ Date _____

MEDICAL INFORMATION

Student's name _____ General health: Excellent Good Poor

Past diseases:

Chicken pox; when? _____	Polio; when? _____
Diphtheria; when? _____	Rheumatic fever; when? _____
Measles; when? _____	Scarlet fever; when? _____
Mumps; when? _____	Other; what/when? _____

***NEW STUDENTS: Please attach immunization records, or updates for current students**

Physical difficulties:

Allergies/Reactions	Hay fever	Hernia
Asthma	Hearing difficulty	Physical disability
Diabetes	Heart condition	Poor vision
Dizziness/Fainting	Hemophiliac (bleeder)	Seizures

Explain as needed: _____

Prescriptions/Medication:

Please complete *Prescriptions/Medication Forms* available in the office as needed throughout the year.

“BACK-UP” CONTACTS: Please list two people (i.e. relatives, neighbors, friends) who we could contact in case of illness, injury, etc. in the event neither parent can be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

FIELD TRIPS/TRAVELLING SITUATIONS:

“I give my permission for my child, _____, to travel in the bus with the employees of Arrowhead Christian Academy on field trips, to the park for physical education class, etc. throughout the school year and agree to hold Arrowhead Christian Academy and its employees free and harmless of all accidents or injuries possibly sustained during travel.” *(A prayerful, concerted effort will be made by the employees to take every precaution to keep your child(ren) safe on trips.)*

Parent's signature _____ Date _____

EMERGENCY MEDICAL CARE AUTHORIZATION:

“I give my permission to the employees of Arrowhead Christian Academy to authorize any required emergency medical treatment for my child should the need arise.”

Parent's signature _____ Date _____

Physician's name _____ Phone _____

Insurance company _____ Policy number _____

Name of insured _____ Secondary insurance _____