

Orientation Forms 2020-2021

Mother (or Guardian)

Father (or Guardian)

Student Address

City

State

Zip

If you have moved, changed your phone number, or email address in the last year, please indicate on the lines below to ensure our records are correct:

Students Enrolled at Heartland 9th - 12th:

Name _____ Birthdate _____

Grade _____ Cell Number _____ Bus, PickUp, Drive themselves _____

Name _____ Birthdate _____

Grade _____ Cell Number _____ Bus, PickUp, Drive themselves _____

Name _____ Birthdate _____

Grade _____ Cell Number _____ Bus, PickUp, Drive themselves _____

Volunteer Hours:

The \$400 Volunteer fee is refundable at the rate of \$20 per hour up to the 20 hours.

Please circle 2-3 areas you would be willing to help out with as a volunteer:

School Activities

Lunch Room

Recess

Office Help

Field Trips

Fundraising

Coupon Sales - September

Wreaths/Calendars - Oct and Nov

Skate-A-Thon - March

Classroom

Bible Lesson

Special Projects

Chapel/Assembly

Substitute Para/Teacher

School Events

Science/Bible Fair

Christmas Program

Graduation

End of School Celebration

Maintenance

Fall Work Day

Winter Work Day

Spring Work Day

Snow Removal

Ice Skating Rink

Painting/decorating

To assist in reaching out to who we feel would be a good fit for a volunteer project, would you please list your occupation and/or place of employment.

Mother (guardian)

Father (guardian)

(Student's Last Name)

(Students First Names)

Please list who is Authorized to pick up your child:

In an effort to maintain the safety of the students under our care, we will only release children to those who have been previously authorized by parents or guardians to pick them up from school. Please call the school in advance if a person will pick up your child who is not a parent or guardian, such person will be required to show a photo ID to the office or teacher.

I authorize the following persons to pick up my child(ren) from HEARTLAND CHRISTIAN ACADEMY:

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

Name _____
Relationship _____
Address _____
Phone _____

The following persons are **NEVER** allowed to pick up my child(ren):

Name _____
Relationship _____

Name _____
Relationship _____

Release of Directory Information

Personal information isn't shared with outside persons or agencies without specific legal jurisdiction or specific permission to do so. Please check what the Administration of HCA has permission to share with other HCA families:

- | | |
|---|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Email address |
| <input type="checkbox"/> Primary Phone number | <input type="checkbox"/> Secondary Phone number |

Photo Release:

I _____, certify I have the legal authority and hereby grant permission to Heartland Christian Academy to use the following per promotional material, including print, broadcast, presentation, social media, and website material of listed Children above:

- | | |
|--|---|
| <input type="checkbox"/> My child(ren)'s photograph and likeness | <input type="checkbox"/> My Child(ren)'s name and interview |
| <input type="checkbox"/> My Child(ren) in a group photo | <input type="checkbox"/> None of the Above |

Signed: _____ Printed: _____ Date: _____