



**Student Information**

Name:		Goes By:
Address:		
Phone:	Email:	
Birthday:	Grade: 5 6 7 8 9 10 11 12	Umbrella School:

**Parent/Guardian Contact Information**

Name:		Goes By:
Address:		
Phone:	Email:	
Name:		Goes By:
Address:		
Phone:	Email:	

**Permission:**

- My child has permission to leave campus (for lunch, during study hall, after class, etc.)
  - I have spoken with my child, and he/she is allowed to leave campus during ANY break
  - My child can leave only with the people listed above in the contact information
- My child does NOT have permission to leave campus under any circumstances.
- I do NOT give permission for my child's picture to be used for social media/promotional purposes (ex., in the class newsletter, on the HPA Facebook page, on the HPA website, etc.)
- I do give permission for my child's picture to be used for social media/promotional purposes (ex., in the class newsletter, on the HPA Facebook page, on the HPA website, etc.).

**Payment:**

- 1 full payment of \_\_\_\_\_
- 2 semester payments of \_\_\_\_\_
- 10 monthly payments of \_\_\_\_\_

**Handbook, Code of Conduct, and Statement of Faith:**

I have filled out the above permission statements and payment information, and I have read and agree to the policies, code of conduct, and statement of faith outlined in the HPA Handbook. I realize that my words and actions carry serious consequences, and my enrollment in HPA depends on my ability to follow the rules and policies.

\_\_\_\_\_

**Student Signature****Parent Signature****Date**

*\*Please use the back of this form for any additional notes (allergies, additional contact info., etc.)*