



Student Information

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|-----------|---------------------------|------------------|
| 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.)*