



Student Information

Name:		Goes By:
Address:		
Phone:	Email:	
Birthday:	Grade: 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.)*