

HEIGHTS CHRISTIAN SCHOOLS

LA MIRADA CAMPUS

12200 Oxford Drive, La Mirada, CA 90638 • (562) 902-1779
office@lamiradaheights.org • www.lamiradaheights.org

OFFICE USE ONLY

Start Date: _____

Date Payment Rec: _____ Amount: \$ _____

Ck# _____ Cash _____ Credit _____

NEW STUDENT REGISTRATION for 2010-2011

STUDENT INFORMATION

Name: Last	First	Middle	Birth Date
Address, city, state, zip			
Home telephone: ()	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade in Sept 2010:	
Extended Day Care Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Late Afternoon <input type="checkbox"/> Combined
Family's regular place of worship:			
Father and Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
Who currently has legal rights to the student (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
During the school year, student lives primarily with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Full name of person financially responsible for the student:			
Student is U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizen of what country?		
School last attended (or currently attending):			
School address, city, state, zip:			
School Telephone ()	Last Teacher:	Principal/Director	
Reason for leaving:			

PARENT/GUARDIAN INFORMATION

1. Father Full Name:	_____	Home Phone: () _____
Home Address, city, state, zip	_____	
Home Email: _____	Cell Phone: () _____	
Work Email: _____	Work Phone: () _____	
Job Title: _____	Employer Name: _____	
Employer Address: _____		
2. Mother Full Name:	_____	Home Phone: () _____
Home Address, city, state, zip	_____	
Home Email: _____	Cell Phone: () _____	
Work Email: _____	Work Phone: () _____	
Job Title: _____	Employer Name: _____	
Employer Address: _____		
3. Guardian Full Name:	_____	Home Phone: () _____
Home Address, city, state, zip	_____	
Home Email: _____	Cell Phone: () _____	
Work Email: _____	Work Phone: () _____	
Job Title: _____	Employer Name: _____	
Employer Address: _____		
Guardian's Relationship to the Student:	_____	

MORE ON REVERSE SIDE

If your child were to attend public school, which school and district would it be?

- All necessary forms and notices will be sent directly to you during the summer and **must** be completed and returned to the school office **prior** to the first day of school.
- Registration fees and 10% of annual tuition are non-refundable. In the event of mid-year withdrawal, tuition through last day of actual registration plus 10% of annual tuition will be due. Refer to the **TUITION AND FEE SCHEDULE** for more details.
- The campus playground opens at 8:00AM. All students should report to the playground upon arrival. Students should not be dropped off any earlier than 8:00AM unless enrolled in the morning Extended Day Care program.
- Parents who do not wish to have their child's name, picture, art, written work, voice, verbal statements or portraits (video or still) appear in the school's publications including electronic publications, should notify the principal in writing at the start of each school year.

BEHAVIOR

- The student and I (parent/guardian) agree to accept the responsibility of obeying the rules and regulations by which the school is operated, and to support the Christian principles for which it stands.
- I understand that violation of school standards by me (parent/guardian) or the student in some cases may constitute grounds for dismissal from our school. Violations include but are not limited to: disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by a parent/guardian, philosophical differences with the values of Family Resource Ministries.

I am the person financially responsible for the student. I **understand** and **agree** with the above conditions.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Heights Christian Schools is an affiliate of  Family Resource Ministries

Non-Discrimination Policy: Heights Christian Schools admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.