



Holy Nativity Episcopal School

SY 2008 - 2009

1009 East 2nd Plaza, Panama City, FL 32401

phone 850-747-4774 fax 850-747-1009

email: hnes@knology.net website: www.holynativityschool.com

Beverly McDaniel, Head of School

APPLICATION

DATE _____

GRADE (circle one) K3-3day K3-5day K4 K5 1 2 3 4 5 6 7 8 Male Female

Student's full name: _____ Home phone: _____

Name called: _____ Birthdate: _____ Place of birth: _____
(K3 must be 3 by Sept. 1st)

Address for School Roster: _____ City _____ Zip: _____

Billing address: _____ City _____ Zip: _____

SS#: _____

Are you currently enrolled in SMART? Yes No

E-mail address: _____

Will you be using SMART in SY 2008-2009? Yes

Father's denomination: _____ Local church: _____

Mother's denomination: _____ Local church: _____

Former schools:	Year	Grade	Siblings: Name	Age (Circle if Alumni)

Name of other relatives who have attended or are attending HNES: _____

Parents are (circle one): Married Divorced Separated Custody issues? Y / N If yes, see Head of School

Persons authorized to pick up child without special notice to the school:			
Name: _____	Ph: _____	Name: _____	Ph: _____
Name: _____	Ph: _____	Name: _____	Ph: _____
Name: _____	Ph: _____	Name: _____	Ph: _____

Father's full name: _____ SS#: _____ DOB: _____
(circle name called)

Home address (if different from above): _____

Occupation, Title, Bus. Name & Add. _____

Business phone: _____ Cellular phone: _____

Mother's full name: _____ SS#: _____ DOB: _____
(circle name called)

Home address (if different from above): _____

Occupation, Title, Bus. Name & Add. _____

Business phone: _____ Cellular phone: _____

MEDICAL INFORMATION

Our child has: ALLERGIES: _____ HANDICAPS: _____

ANY SPECIAL INSTRUCTIONS: _____

OVER THE COUNTER MEDICATIONS MAY BE GIVEN (TYLENOL, IBUPROFEN, TUMS, ROLAIDS): Y___ N___

WE MAY TREAT MINOR CUTS & SCRAPES: Y___ N___ COMMENTS _____

MEDICAL PERMISSION

In case of illness, accident, or injury to our child while attending Holy Nativity Episcopal School, we hereby give the staff of the school permission to administer first aid, and, if necessary in their judgement, to call 911, to take our child to any hospital for necessary treatment, or to call a doctor of their own choice to treat our child. We further agree to assume all costs resulting from the above action. It is our understanding that the school's staff will attempt, if possible, to honor our following preferences to the doctor and hospital prior to taking the above action.

DOCTOR PREFERENCE: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

Persons who may be called in the event of emergency if parents are not available.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION

I/We give permission for our child to participate in all day trips during the 2008/2009 school year.

Parent Signature: _____ Date: _____

Field trips at Holy Nativity are determined by and tied to the curriculum. Fourth grade studies Florida history and has traditionally traveled to St. Augustine (c.\$400.00 per person). Sixth grade attends Space Camp at Cape Canaveral, FL, or Huntsville, AL for three days (c. \$380.00 per person). For the 2007-08 school year, the eighth grade class is going to go to Washington, D.C. and New York City for six days (estimated between \$1,300.00 - \$1,500.00 per person).

Financial aid is available for students when needed and is confidential (see head of school).

FINANCIAL AGREEMENT

A \$500.00 registration fee must accompany this application and is non-refundable after the child has been interviewed and accepted, except when class enrollment limitations do not permit the student to be admitted to the grade requested. Tuition payments are due on the 20th of each month. Accounts are considered delinquent after five days. The signature on the application designates the person accepting full financial responsibility for the child while he/she is enrolled at Holy Nativity Episcopal School. HNES also offers SMART tuition management services to extend tuition payments over 10 months from June 2008-March 2009. Families wishing to participate in this program are responsible for enrolling with SMART through the school business office. There is an annual fee of \$38.00 per family for SMART enrollment.

I have read and agree to the terms stated above. _____
(Signature of parent or guardian) (Date)

FOR OFFICE USE:

Date application received _____ Registration fee paid? _____

Check: _____ Amount: _____