

HILLTOP CHRISTIAN SCHOOL  
P.O. BOX 9090 Window Rock, AZ 86515  
(505) 371-5726

STUDENT ENROLLMENT FORM

NAME \_\_\_\_\_ - AGE \_\_\_\_\_ SEX \_\_\_\_\_ CENSUS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_

EMERGENCY CONTACT NUMBERS AND AUTHORIZED PEOPLE TO CHECK-OUT STUDENT

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

UNDERSTANDING AGREEMENT

We/I understand that Hilltop Christian School teaches from a biblical perspective/worldviews. Therefore, we/I understand that our/my child will attend chapel, have daily Bible teaching, participate in Bible memorization, sing Christian songs, and be a part of school prayer. We/I understand that there will be no compromise as a result of a student's personal/family religious beliefs/practices that may differ from that of the school.

(Please initial) \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

We/I have received a copy of the Student/Parent Handbook and will support and abide by the policies and procedures stated therein.

(Please initial) \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_