Golden Heart Christian School
Student Information
2026-2027

Grade:_____

Student Name:_____
Last Name First Name Middle Name

Birth Date:_____ Place of Birth_____
Mo Day Year City State Country

Father's Information

Father's Legal Name: _____

Occupation:_____

Address: _____ Work Phone: _____

_____ Home Phone: _____

Email: _____ Cell Phone: _____

Mother's Information

Mother's Legal Name: _____

Occupation:_____

Address: _____ Work Phone: _____

_____ Home Phone: _____

Email: _____ Cell Phone: _____

I give permission for my child to leave campus with the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

First Aid

According to the NPUC Teacher Handbook, “The use of disinfectants and ointments or medications is prohibited except when specific requests in writing are made by parents.” If you are comfortable with the head teacher administering disinfectants and ointments, please write your statement in the space provided.

_____

_____

_____

_____

Parent Signature: _____ Date:_____

Person to notify in case of emergency if parents are not available

Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

Email: _____

Student’s Physician

Name:_____ Phone: _____