



2026-2027 School Year Registration Packet

Student Information

Student Name: _____ DOB: _____

WVEIS: _____ Previous School: _____

Has student ever been suspended or expelled? If so, please explain.

Home Address: _____

Phone Number: _____

BUS PICK UP (circle one)

If bus, please put location: _____

Medical History

Allergies: _____

Allowed medication during school hours: _____

****While we strive for safety in everything that we do; we realize that accidents may occur. In the event of an accident, Grace Bible Homeschool Academy (staff included) or Grace Bible Church (staff and members included) CAN NOT/WILL NOT be held responsible for any accidents that may occur.****

Church Attended: _____

Contact Information - Primary

Parent/Guardian Name: _____ Relation: _____

Phone Number: _____ Email: _____

Workplace: _____ Work Phone: _____

Contact Information - Secondary

Parent/Guardian Name: _____ Relation: _____

Phone Number: _____ Email: _____

Workplace: _____ Work Phone: _____

Emergency Contact

ER Contact Name: _____ Relation: _____

ER Contact Number: _____

ER Contact Name: _____ Relation: _____

ER Contact Number: _____

Primary Doctor: _____ Office: _____

Phone: _____

Authorization to Secure Emergency Medical Treatment

2026 – 2027 School Year

I, _____, authorize members of Grace Bible Homeschool Academy consent for _____, my child, to receive emergency medical, dental, or surgical treatment if I cannot be contacted. I place the following restrictions on medical treatment:

I _____ give _____ DO NOT give permission for the school to transport (by ambulance) _____, my child, to receive emergency treatment.

If there is a true medical emergency and our licensed nurse deems it necessary, 911 will be called.

Parent Signature and Date

INSURANCE INFORMATION

Insurance Provider: _____

Insurance Holder: _____

Policy Holder: _____ Policy Number: _____

Transportation Hold Harmless Agreement

Bus Waiver of Liability

Grace Bible Homeschool Academy provides bus transportation as a free, optional service to all enrolled students. While the Academy strives to ensure a safe and reliable experience, participation in this service is voluntary; by allowing your child(ren) to ride the school-provided transportation, you acknowledge and agree to the terms below:

I, the parent/guardian of the student, understand and agree that:

1. Bus transportation is a complimentary service by GBHA and is not a guaranteed or contracted part of enrollment.
2. I voluntarily choose to have my child(ren) utilize that school's transportation services and understand that participation is at our own risk.
3. I acknowledge that, while reasonable precautions are taken to ensure students safety, GBHA, its staff, drivers, or volunteers are not liable for injury, accident, loss, or damage that may occur during transportation to or from school related activities.
4. I hereby release, waive, and hold harmless GBHA, its leadership, staff, and volunteers from all liability, claims, demands, or causes of action arising from or related to the use of the transportation service.
5. I agree to instruct my child to follow all safety rules and conduct guidelines while using school transportation and understand that failure to do so may result in suspension of transportation privileges.

By signing below, I acknowledge that I have read, understand, and voluntarily agree to the Hold Harmless Agreement.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Grace Bible Homeschool Academy

Dear Parent/Guardian and Student,

Please read the **Grace Bible Homeschool Academy Behavioral Expectation, Discipline Policy, Cell Phone Policy, and Dress Code Guidelines**. After reviewing the policies, please sign and return the form to the school office.

By signing below, you acknowledge the following:

1. I have read and understand the Behavioral and Disciplinary Policies of Grace Bible Homeschool Academy.
2. I have read and understand the Dress Code Policy and will ensure that appropriate attire is worn in accordance with the school guidelines.
3. I understand that failure to comply with any of these policies may result in disciplinary actions as outlined in the student handbook.

Student Information

Name: _____

Grade: _____

Student Signature: _____

Parent Signature: _____

Date: _____

This is to acknowledge that Grace Bible Homeschool Academy has a Licensed Practical Nurse on site to assist with student health needs during school hours. The nurse is available for:

- Basic first aid and emergency response.
- Administration of prescribed medications as authorized by Childs Primary Care Physician.
- Supporting student health and wellness in accordance with school policy.

Please note the following important disclaimers:

- The school nurse is NOT a medical doctor or a licensed diagnostician.
- The nurse cannot diagnose medical or psychological conditions or provide definitive medical treatment.
- Any concerns regarding a student's health requiring medical evaluation or diagnosis must be addressed by a qualified physician or licensed healthcare provider.
- GBHA, its staff, and the school nurse will not be held liable for any medical outcomes or untreated health conditions.

By signing this form, you acknowledge your understanding of the school nurse's role and agree not to hold the school, its staff, or the school nurse responsible for issues outside the scope of their responsibilities.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

Photography Consent Form

Here at GBHA, we like to celebrate your child's accomplishments and memories! As a result, images of your child and his/her work may make it onto our Facebook page or website!

I, _____, parent/guardian of _____, hereby:

_____ GRANT PERMISSION

_____ DO NOT GRANT PERMISSION

For GBHA to post images of my child written above. I understand that GBHA may use images of my child for the advertisement to the public for the school.

Signed: _____ Date: _____

