



2025-2026 School Year Registration Packet

Student Information	
Student Name: _____	DOB: _____
WVEIS# _____	
Home Address: _____	
Phone Number: _____	Phone Number: _____
Entering grade level: _____	
Will your student be: (circle one) BUS PICK UP	
If bus, please put location: _____	

Contact Information - Primary
Parent/Guardian Name: _____
Phone Number: _____ Email: _____
Workplace: _____ Work Phone: _____
Relationship to student: _____

Church attended: _____

Contact Information - Secondary
Parent/Guardian Name: _____
Phone Number: _____ Email: _____
Work Place: _____ Work Phone: _____
Relationship to student: _____

Emergency Contact
ER Contact Name: _____ Relationship to student: _____
ER Contact Number: _____

ER Contact Name: _____ Relationship to student: _____
ER Contact Number: _____

Primary Doctor Name: _____ Office: _____
Phone: _____

Medical History
Allergies: _____
Allowed medication at school: _____
<p>**While we strive for safety in everything that we do; we realize that accidents may occur. In the event of an accident, Grace Bible Academy Homeschool (staff included) or Grace Bible Church (staff and members included) CAN NOT/WILL NOT be held responsible for any accidents that may occur.**</p>

Parent/Guardian Signature: _____ Date: _____

Authorization to Secure Emergency Medical Treatment
2025 – 2026 School Year

I, _____, authorize members of Grace Bible Academy Homeschool 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 medical treatment. I place the following restrictions on transportation:

Parent Signature and Date

INSURANCE INFORMATION

Insurance Provider: _____

Insurance Holder: _____

Policy Number: _____

AUTHORIZATION TO PICK UP STUDENTS

Student's Name: _____

Name: _____ Phone Number: _____

Address: _____

Relationship with students: _____ Photo ID YES NO

Name: _____ Phone Number: _____

Address: _____

Relationship with students: _____ Photo ID YES NO

Name: _____ Phone Number: _____

Address: _____

Relationship with students: _____ Photo ID YES NO

Name: _____ Phone Number: _____

Address: _____

Relationship with students: _____ Photo ID YES NO

Name: _____ Phone Number: _____

Address: _____

Relationship with students: _____ Photo ID YES NO

Parent Signature

PHOTOGRAPHY CONSENT FORM

Here at GBAH, 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!

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

_____ GRANT PERMISSION

_____ DO NOT GRANT PERMISSION

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

Signed: _____ Date: _____

Transportation Permission Slip

I, _____ (Parent's first name), give permission to Grace Bible Church/Homeschool staff and volunteers to transport my child, _____, to and from school on scheduled school days and will not hold them accountable for any incidents/accidents that may occur.

Parent Signature