

PARKHILL CHRISTIAN ACADEMY

4235 Parkhill PI P.O. Box 8147

Pueblo, CO 81008

719-544-6174

RE-ENROLLMENT 2026-2027

RE-ENROLLMENT FEE PAID (DATE PAID) \_\_\_\_\_



STUDENT INFORMATION

Full Legal Name Date of Birth Age Gender Entering Grade

Home Address City State Zip phone

Social Security Number Email address

Notice of Nondiscriminatory Policy Respective to Students

The Parkhill Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Parkhill Christian Academy is exempt under the Americans with Disabilities Act where it applies to student admission because the school does not receive direct federal funding.

Primary Parent or Guardian Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I/We have read and agreed to the following:

- 1. Financial Obligation: \_\_\_\_\_(Initial)
2. Technology Agreement: \_\_\_\_\_(Initial)
3. Health Information: \_\_\_\_\_(Initial)
4. Administer medication form: \_\_\_\_\_(Initial)
5. Pick-Up Consent:(Initial): \_\_\_\_\_(initial)
6. Student Cooperation Agreement: \_\_\_\_\_(Initial)
7. Parent Cooperation Agreement: \_\_\_\_\_(Initial)
8. Student Cooperation Agreement: \_\_\_\_\_(Initial)

Please return this page to the office. Only return additional pages if you have changes.