



## RETURNING STUDENT RE-ENROLLMENT FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Student Cell #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

### PERMISSION TO TREAT

As a parent / guardian, I give permission for my daughter, \_\_\_\_\_ to receive medical treatment as deemed necessary while attending BINA High School during the **2019/2020** school year. I further authorize employees and representatives of BINA High School to act on my behalf to obtain necessary medical treatment.

Signed: \_\_\_\_\_

*(Signature of Parent/ Guardian)*

### HEALTH INSURANCE INFORMATION

Primary Card Holder's Full Name: \_\_\_\_\_

Primary Card Holder's SS#: \_\_\_\_\_

Primary Card Holder's Address: \_\_\_\_\_

Primary Card Holder's Insurance Contract #: \_\_\_\_\_

**Please attach a copy of the front and back of your insurance card.**

**PERMISSION TO ADMINISTER MEDICATION (IF APPLICABLE)**

As a parent/ guardian, I give permission for my daughter, \_\_\_\_\_, to receive medication as deemed necessary while attending BINA High School during the 2019 - 2020 school year.

\_\_\_\_\_  
*(Signature of Parent / Guardian)*

What medication does your child need to be administered during school?

List current health conditions (i.e. asthma/allergies, etc)\*:

\_\_\_\_\_  
List current medications and dose:

\* If your child has asthma or allergies, the school office must be given an EpiPen or inhaler before the first day of school.

**HANDBOOK SIGNATURE (THE HANDBOOK IS AVAILABLE ON OUR WEBSITE)**

We have read the 2019/2020 Student Handbook in its entirety, and agree to comply with all the rules and policies therein.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**“GIVE OR GET”**

I commit to raising at least \$1,000 over the course of the year as part of BINA’s “Give or Get” Program. I understand that BINA will provide fundraising opportunities throughout the year which will assist me in fulfilling this obligation. I also may use volunteer time at a prearranged rate as way to fulfill this obligation. If I am unable to fulfill this fundraising requirement, I understand that I will be billed and held responsible for the remaining obligation.

Parent Signature: \_\_\_\_\_

### FIELD TRIP PERMISSION FORM

This form will suffice as your permission for all field trips.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in all field trips  
*(Parent / Guardian)* *(Student)*

planned by BINA High School.

Signed: \_\_\_\_\_  
*(Signature of Parent / Guardian)*

### PHOTO RELEASE

I hereby irrevocably consent to and authorize the use and reproduction by BINA High School of any and all photographs which you have taken of me for any purpose whatsoever. I agree that these photographs constitute BINA property, solely and completely.

Photo Subject (Student): \_\_\_\_\_

Signature of Subject: \_\_\_\_\_

Signature of Parent or  
Guardian, if minor \_\_\_\_\_

### INTERNET RELEASE

I, \_\_\_\_\_, give permission for my daughter, \_\_\_\_\_  
*Parent/ Guardian* *(Student)*

to use the Internet under supervision at school for various projects and assignments.

Signed: \_\_\_\_\_

### REQUEST FOR TRANSCRIPT

In order to forward or request a transcript or other school records to or from any school of prospective students, we are required to have written permission.

I hereby give my permission for:

\_\_\_\_\_ *Name of former school*

\_\_\_\_\_ *Street Address*                      *City*                      *State*                      *Zip*

To release all records pertaining to: \_\_\_\_\_

*Student Name*

And to forward those records to: BINA High School  
 425 Washington Park  
 Norfolk, VA 23517

Please forward all official transcripts. \_\_\_\_\_

*Signature*

### VOLUNTEER AREAS

In order to facilitate your participation in school activities, please indicate your areas of interest from the following list:

Publicity\_\_\_\_\_ Education\_\_\_\_\_

Recruitment\_\_\_\_\_ Fundraising\_\_\_\_\_

Other\_\_\_\_\_

### PLEASE LIST CONTACT INFORMATION OF FRIENDS AND FAMILY FOR OUR MAILING LIST

Name	Address	Email