BINA High School Re-enrollment Form Page 1 of 4



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: _	
treatment as deemed necessary wauthorize employees and represent reatment.	vhile attending BINA ntatives of BINA Hig	ter, to receive medical High School during the 2023/2024 school year. I further gh School to act on my behalf to obtain necessary medical
	(Signature of	Parent/ Guardian)
	HEALTH INSU	RANCE INFORMATION
Primary Card Hol	lder's Full Name:	
Primary Card Hol	der's SS#:	
Primary Card Hole	der's Insurance Contr	ract #:
Please attac	h a copy of the fron	nt and back of your insurance card.

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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 2023 - 2024 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.							
PERMISSION TO ADMINISTER MEDICATION (IF APPLICABLE) (Signature of Parent / Guardian)							
As a parent/guardian, I give permission for my daughter,, to receive over-the-counter medications such as Tylenol, Advil, Benadryl etc. as deemed necessary while attending BINA High School during the 2023 - 2024 school year.							
Please check one:							
Yes Only after receiving verbal permission from a parent or guardian							
"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:							

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HANDBOOK SIGNATURE (THE HANDBOOK IS AVAILABLE ON OUR WEBSITE)							
We have read the 2023/2024 Student Handbook in its entirety, and agree to comply with all the rules and policies therein.							
Parent Signature:							
Student Signature:							
FIELD TRIP PERMISSION FORM							
This form will suffice as your permission for all field trips.							
I, 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)							
Parent/ Guardian (Student) to use the Internet under supervision at school for various projects and assignments.							
Signed:							

	REQU	JEST FOR TRANSCRIPT		
In order to forward or prospective students,	request a transcr we are required to	ript or other school records to or or have written permission.	from any school of	
I hereby give my perm	nission for:			
	Nan	ne of former school		
Street Address	City	State	Zip	
To release all records 1	pertaining to:			
	Stud	dent Name		
And to forward those	records to:	BINA High School 425 Washington Park Norfolk, VA 23517		
Please forward all offic	-	nature		
	V	OLUNTEER AREAS		
In order to facilitate ye		in school activities, please indica	ate your areas of interest	
from the following list		/ I	,	
Publicity_		Education		
		Fundraising		
PLEASE LIST CO	NTACTINFO.	RMATION OF FRIENDS A MAILING LIST	ND FAMILY FOR OU	JR
Name		Address	Email	
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