



VALOR ACADEMY

Valor Academy
DBA of Harvest 61 Ministries, Inc.
Student Enrollment Form 2023/2024

Students Full Name: _____

Student Goes By: _____ Gender (M/F): _____

Grade in fall: _____ Birth Date: _____ Child # _____ of _____

Parents:

(Father) _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

(Mother) _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Church Affiliation: _____ Church Member (Y/N) _____

Any special needs/diagnosis: _____

Allergies or medical needs: _____

Emergency Contact: _____ Relationship: _____

(Other than parents)

Phone: _____

Records Required:

Immunization Form (if available), Copy of Birth Certificate, Achievement Test Scores (if available), and Transcripts from Previous Schools (if available)

Contact Information:

Amber Van Dyke, School Administrator, (307)461-0132, amber@valorsheridan.org

Elizabeth Headlee, Secretary, (303)263-3025, elizabeth@valorsheridan.org

Field Trip/Photo/Video Permission Form

_____ has my permission to participate in all field trips sponsored by Valor Academy Sheridan. It is my understanding that a prior notice will be given that I will have to sign and return to Valor Academy Sheridan. Transportation will be handled by a licensed driver employed by the school. I also understand that my child will ride in a vehicle which is fully insured. This form will be for the length of time that your child is in ValorAcademy Sheridan.

Permission for Photographs to be used on Social Media or any School Platforms:

I do or do not give permission (please circle one) for my child to be photographed and the photographs to be displayed on social media. This form will be used for the time that your child is in attendance at Valor Academy Sheridan.

I am aware that the Kids Life building has camera surveillance of my student(s) while they are attending school.

Parent Name: _____

Parent Signature: _____

Student Name(s): _____

Date: _____

Medical Consent and Medication

Student Name: _____

Parents Name(s): _____

Medical Insurance Provider: _____

ID#/Group #: _____

I give permission for my child to have the following medication administered at school by Valor staff :

_____ Acetaminophen

_____ Ibuprophen

_____ Other - Name and Dose _____

_____ None

I understand that I assume all financial responsibilities for any treatment or injuries sustained by my child while he/she is at school.

Signature: _____ Date: _____

Student Release Authorization Form

Student(s): _____

Please list who is authorized to pick up your child:

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Permission to walk from school:

My child does NOT have permission to walk from school _____

Has permission when parent notifies school: _____

Has permission on (Please circle): M T W Th F

Other: _____

Parent Signature: _____ Date: _____