



VALOR ACADEMY

Valor Academy
DBA of Harvest 61 Ministries, Inc.
Student Enrollment Form 2024/2025

Students Full Name: _____

Gender (M/F): _____

Grade in fall: _____ **Birth Date:** _____

Parents:

(Father) _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____

(Mother) _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____

Church Affiliation: _____

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:

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. Transportation will be handled by a licensed driver. I also understand that my child will ride in a vehicle which is fully insured.

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.

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: _____

Public High School Activities/Athletics

If your child plans on participating in any activities at the High School there is a fee of \$75 to Valor Academy. Please indicate below what activities they may participate in:

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: _____

Valor Academy does not discriminate on the basis of race, color, national and ethnic origin in the admittance of students to the school or in the administration of its educational policies and school-administered programs