



Bald Head Island Academy
2B Maritime Way, PO Box 3499
BHI, NC 28461
919-296-3570

Parent's/Guardian's Employer _____

Position _____

Business Address _____

Business Phone _____

Additional Parent's/Guardian's Employer _____

Position _____

Business Address _____

Business Phone _____

Does this child live at the parent's/guardian's address? Full-time Part-time Not at all

Current Grade Level _____

Most Recent School Attended _____

Grade Entering for 2022-2023 School Year _____

Is this child currently under an IEP (Independent Educational Plan)? Yes No



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Health Information:

Allergies to Environment (bee stings, latex, hay fever, pollen/seasonal, etc.): _____

Food Allergies (peanuts, soy, etc.): _____

Medical Allergies (penicillin, etc.): _____

Does your child need/take medications for any of these allergies? _____

Does your child require an EpiPen? _____

Any other special medications? _____

Habits/Concerns we should be aware of _____

Illness or physical/mental disorders we should be aware of (ADHD, dyslexia, autism, etc.) _____

Swim Safety:

Do your children know how to swim? Yes No

If yes, how many feet over their heads? _____

Does your child know basic water safety practices? Yes No

Is your child afraid of water? Yes No

Has your child ever taken swimming lessons? Yes No

Since BHIA is planning on offering tennis and golf, has your child played either sport? Tennis Golf



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Immunization Records:

Please attach proof from your doctor or health department of immunizations required for North Carolina school children:

<u>Grade</u>	<u>Vaccine</u>	<u>Number of Doses Required Before School Entry</u>
<u>Kindergarten</u>	Diphtheria, tetanus and pertussis	5 doses
	Polio	4 doses
	Measles	2 doses
	Mumps	2 doses
	Rubella	1 dose
	Haemophilus Influenzae type B (Hib)	4 doses
	Hepatitis B (Hep B)	3 doses
	Varicella (chickenpox)	2 doses
	Pneumococcal conjugate	4 doses
<u>7th Grade</u>	Diphtheria, tetanus and pertussis	5 doses
	Polio	4 doses
	Measles	2 doses
	Mumps	2 doses
	Rubella	1 dose
	Haemophilus Influenzae type B (Hib)	4 doses
	Hepatitis B (Hep B)	3 doses
	Varicella (chickenpox)	1 dose
	Meningococcal conjugate	1 dose

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Preference _____ Location _____

Phone _____

In Case Of Emergency, Please Call:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Person(s), other than parents, to whom BHIA may release your child:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____



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Communications and Marketing

Release for Use of Student's Name/Pictures on Bald Head Island Academy's Web Page and Class Projects

Dear Parent/Guardian:

A picture of your child or work done by your child may be included in a classroom project during the school year. We might use the resulting project in one or more of the following ways:

1. Use as a demonstration project/activity in education workshops, classes, and/or conferences.
2. Use as a sample project/activity on CDs created by BHI Academy for use in education workshops and student classrooms.
3. Post on the BHIA web page on the Internet.
4. Submit as samples to program publishers or as grant and contest entries.
5. Use portions of the project(s) on a video made during a student presentation of the project or in broadcasts or videos demonstrating computer multimedia, in general.
6. Use in a newspaper, magazine, or ad for the school.

Your child's picture or work may be used to enhance the BHIA web page and the integration of technology in the curriculum. Please sign the release form below to indicate your preferences concerning your child.

Please check each statement to indicate your wishes:

- I give permission for a picture of my child to be used in a BHIA classroom and/or computer project.
- I give permission for my child's work to be used in a BHIA classroom and/or computer project.
- I give permission for a picture of my child or my child's work to be used in projects and demonstrations in other schools, workshops, and/or conferences.
- I give permission for a picture of my child or my child's work to be posted on the BHIA web page and the links to the school's home page.
- I give permission for a picture of my child or my child's work to be used in a newspaper, magazine or ad for the school.
- I DO NOT want a picture of my child or my child's work to be displayed on the BHIA web page, the school's home page, or to be used in any way outside of the classroom.

Student's Name _____ (Please print)

Parent's/Guardian's Name _____ (Please print)

Parent's/Guardian's Signature _____ Date _____

THANK YOU FOR YOUR SUPPORT OF BHIA COMMUNICATIONS!



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Permission Form

I give my consent that my child, (name) _____,
may travel away from school campus on school-related trips planned by the staff of Bald Head Island Academy (BHIA). I realize that many of these trips are taken by privately-owned cars and I release the school and the driver from any liabilities.

I also authorize BHIA staff members to request the treatment necessary in case of emergencies due to sickness/injury of my child.

Please provide your child's health insurance information.

Name of Insurance Company _____

Insurance Company Address _____

Account Number _____

Payer Number _____

Employee ID _____ Group Number _____

If there is a travel emergency, who should we call? (Please list as many as possible)

Emergency Phone Numbers

Primary Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parents will be notified in advance of all activities requiring travel out of town.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD)