



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 Middle/High School during the **2024-2025** school year. I further authorize employees and representatives of BINA Middle/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 Middle/High School during the 2024-2025 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 Middle/High School during the 2024-2025 school year.

Please check one:

Yes

No

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: _____

HANDBOOK SIGNATURE (THE HANDBOOK IS AVAILABLE ON OUR WEBSITE)

We have read the 2024-2025 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, _____, 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 Middle/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: _____

