

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: ______

	REQU	ESTFORTRANSC	CRIPT		
In order to forward or prospective students, w	request a transcr ve are required to	ipt or other school rec have written permissi	ords to or fror ion.	n any school of	
I hereby give my permi	ission for:				
	Nam	ne of former school			
Street Address	City	Sta	ate	Zip	
To release all records p	e				
	Stud	lent Name			
And to forward those r	ecords to:	BINA High School			
		425 Washington Par	rk		
Please forward all offic	ial transcripts	Norfolk, VA 23517			
		ature			
		DLUNTEER AREA			
from the following list: Publicity		in school activities, ple Education			
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