

# SUMMERS@OBA ENROLLMENT FORM

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Primary phone number \_\_\_\_\_ Secondary phone number \_\_\_\_\_

Student Name \_\_\_\_\_

Grade entering - 2019-2020 school year \_\_\_\_\_ Male OR Female (circle)

What school do you attend? \_\_\_\_\_

Allergies \_\_\_\_\_

Chosen Classes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session:

JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>
JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>
JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>
JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>
JUNE <input type="checkbox"/>	JULY <input type="checkbox"/>

## Payment information - for office use only

cash     check number \_\_\_\_\_     credit card

Total Paid \$ \_\_\_\_\_ Other Notes \_\_\_\_\_

## Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes, I give consent for OBA to photograph my child and use for school purposes.

\_\_\_\_ No, I do not authorize OBA to use photographs of my child for any purpose.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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