

Tulsa Healing Center Supernatural Academy Student Application

Isaiah 54:13-14

Parent Names (Husband & Wife or Guardians) _____

Address _____

City, State, Zip _____

Home Number _____ Father Cell _____ Mother Cell _____

Father Work Number _____ Mother Work Number _____

Email Address Father _____ Email Address Mother _____

Church Attended: _____ For how long? _____

Do you believe that all of the gifts and ministries of the Holy Spirit are active and for today? Yes ___ No ___

Emergency Contact Information:

Name _____ Relationship _____

Phone _____

Whom do you authorize to pick up your child(ren)? Name _____

Address _____ Phone _____

Child's Name	Sex (M/F)	Date of Birth	Age as of 9/1/09	Last School Attended in What Grade?	Achievement Level Applying For

Please list all courses being applied for according to each child listed above:

Child's Name	Courses Applied For

I, _____, give permission to a representative at THC Supernatural Academy to obtain emergency medical treatment for my child(ren) should the situation become life-threatening and I am unable to be contacted. I waive THC and THC Supernatural Academy of all liabilities. I will in no way hold Tulsa Healing Center, THC Supernatural Academy, or any person affiliated with THC or the Supernatural Academy responsible for any accident or injury which may occur while participating in any school function.

Parent Signature

Date

Parent Signature

Date

Interview with Parents

Date Interviewed _____ Parent Present (names) _____

Interviewed by _____

Notes: _____

Recommend for admittance: Yes ___ No ___

THC Supernatural School Director

Date Reviewed