



Application for Enrollment

School Year: _____ - _____

OFFICE USE ONLY

Amt of Check: \$ _____ Ck# _____

Date of Application: _____

Student's Name: _____ / _____ / _____
Last First Full Middle Name

Grade Applying for:

Preferred Name _____

Date of Birth: M _____ D _____ Y _____ Social Security No _____ - _____ - _____ Sex _____ Race _____

CONTACT INFORMATION

Marital Status: () Married () Widower () Separated () Divorced () Remarried

Custodial Status: () NA () Sole () Joint w/ _____

Father's Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Cell Phone Carrier: _____

E-Mail Address: _____

Occupation: _____

Employed at: _____

Business Phone: (____) ____ - _____

Lives w/Student (Y/N)____ Receives Mail (Y/N)____ Receives Bill (Y/N)____

Church Attending _____ Member: Y N

Pastor Name _____

Are you a Christian? _____ On what do you base your answer? _____

Marital Status: () Married () Widower () Separated () Divorced () Remarried

Custodial Status: () NA () Sole () Joint w/ _____

Mother's Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Cell Phone Carrier: _____

E-Mail Address: _____

Occupation: _____

Employed at: _____

Business Phone: (____) ____ - _____

Lives w/Student (Y/N)____ Receives Mail (Y/N)____ Receives Bill (Y/N)____

Church Attending _____ Member: Y N

Pastor Name _____

Are you a Christian? _____ On what do you base your answer? _____

Why do you want to enroll your child at BCA? _____

School last attended _____ Address _____

Phone Number _____

Has your child ever been expelled or asked to withdraw from any school? YES NO If YES, explain _____

Has your child ever failed a grade? YES NO Which Grade? _____ Has your child ever had discipline problems? YES NO

EMERGENCY CARE INFORMATION

Does your child(ren) have any known allergies or medical conditions (i.e. dust, drugs, plants, animals, foods, hyperactivity, ADD, etc.)?

If yes, please indicate by child (be specific). _____

Name of Doctor: _____ Phone (____) ____ - _____

Name of Dentist: _____ Phone (____) ____ - _____

If neither father or mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone (____) ____ - _____ (____) ____ - _____

Name _____ Relationship _____ Phone (____) ____ - _____ (____) ____ - _____

Other children in family (names and ages) _____

(OVER, Sign back)

PARENTAL STATEMENT OF COOPERATION & COMMITMENT

Please **read and initial** beside each numbered item. Then, read the closing paragraph and sign your full name at the places indicated. All statements must be initialed, (indicating your commitment) to be considered for acceptance.

- ____ 1. I promise that I will pay all tuition/fees on time. Tuition is due and payable on the first day of each month. If accounts are delinquent after a total of 30 day has elapsed, the student will not be allowed to attend classes until paid. There is a late fee on each payment if not paid within 10 days of the date due.
- ____ 2. I promise to attend Orientation Day and other scheduled Parent-Teacher Meetings.
- ____ 3. I promise to be loyal to the spiritual and academic ideals of Bethel Christian Academy.
- ____ 4. I promise to uphold the philosophy of Bethel Christian Academy and its mission and purpose statement as written in the Student Handbook.
- ____ 5. I promise not to speak detrimental remarks about Bethel Christian Academy, its administration, teachers, or staff. If I have questions and concerns, I will bring them promptly to the person involved, or the administration so that they may be properly considered by those in authority. This is the Biblical way to handle any problems or criticisms.
- ____ 6. Bethel Christian Academy is a ministry of Bethel Free Will Baptist Church, I promise not to speak detrimental remarks about Bethel FWB Church. If I have questions or concerns, I will bring those to the administration of BCA.
- ____ 7. The teacher and administration are hereby given full discretion in the discipline of my child. This may include suspension and/or expulsion from the school program.
- ____ 8. The administration reserves the right to dismiss my student if he/she does not cooperate with the educational process. Class work and homework assigned are necessary requirements of every student. A continual homework problem will ultimately result in expulsion.
- ____ 9. The administration reserves the right to dismiss my child if he/she does not cooperate in the areas of obedience and proper respect for those in authority. The rules of conduct and dress are outlined in the Student Handbook. I promise that I will see that my child upholds those standard while a student at BCA.
- ____ 10. In making application for my child, it is my desire to have him/her attend the 2018-2019 school year. It is my understanding that Registration and Book fees are non-refundable and non-transferable.
- ____ 11. We give permission for our child to take part in all school-related activities including recess, sports activities, field trips, or other school-sponsored trips away from the school premises. We give permission for our child(ren) to travel in school-approved vehicles or approved parents' vehicles for trips away from the school. We understand that drivers on school approved travel shall have a background check completed and on file with the school. We further agree to hold the school and its agents harmless for any liability to my child because of any claims against the school or any agent thereof because of accidental injury or alleged accidental injury to my child.
- ____ 12. Should the school take photos or video clips of my child for yearbook or advertising, or create promotional videos, we give our permission for those pictures or clips to be used for said purposes without compensation or royalties.

I have read the above Statement of Cooperation and Commitment and do promise to abide by it as long as my child attends Bethel Christian Academy.

FATHER'S SIGNATURE (Or Guardian)

MOTHER'S SIGNATURE (Or Guardian)

DATE

Who is responsible for the payment of this account? _____ Phone _____
Name Relation

Address _____
Street City State Zip