

Office Use Only

Paid _____

Date _____

Student Information

Student's Full Name _____ Male Female

Name by Which Child Goes _____ Applying for Grade _____

Age _____ Date of Birth ____/____/____ Birthplace _____

Parent Information

Father's Information

Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Employer _____ Position _____

Mother's information

Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Employer _____ Position _____

Student lives with Both Parents Father Mother Other _____

Describe any unusual home or custody situations:

Church Information

Name of Church Family Attends _____ Denomination _____

Address _____ Pastor's Name _____

Phone _____ Attendance: Regular Occasional Seldom Never

Other Information

School Last Attended _____ Grade Last Completed _____

School Address _____ City _____ State _____ ZIP _____

Phone _____ FAX _____ Teacher's Name _____

Has your child ever been recommended for testing or placed in a special program? Yes No

Has your child ever needed special help or tutoring? Yes No

Has your child ever repeated a grade for any reason? Yes No

Has your child ever been suspended or expelled from school? Yes No

Has your child ever been tested for a learning disability or do you suspect a learning disability? Yes No

Has your child ever been involved with legal problems or been arrested? Yes No

What are your top two reasons for wanting your child to attend Bethel Christian Academy?

1. _____

2. _____

What do you believe a person must do to become a Christian?

What are your thoughts about the school's policy on corporal punishment?

How will you assist in helping your child succeed academically?

If a disagreement arises between you (or your child) and your classroom teacher or administration, how would you seek to resolve it?

How did you hear about Bethel Christian Academy?

Friend _____ Internet Yellow Pages Mailing Other _____

Bethel Christian Academy operates as a ministry of Bethel Baptist Church. The Academy's two primary goals are 1) to glorify God in making disciples of Jesus Christ, and 2) to assist parents in training their children in the nurture and admonition of the Lord. Accomplishing these goals requires the full support of the parents. By signing this statement, you are pledging your full support of the rules and procedures of Bethel Christian Academy.

Bethel Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the School. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its discipline, education policies, admission policies, or athletic and other school-administered programs.

Parent Pledge

I certify that this application is correct. By enrolling my child in Bethel Christian Academy, I give permission for my child to take part in regular and special school activities. I pledge my support to the standards of conduct as outlined in the school handbook, including my agreement with the use of corporal punishment as stated in the handbook. I also agree to pay the tuition charges and any other fees associated with school events or policies.

Father' Signature _____ Date _____

Mother's Signature _____ Date _____

Emergency Consent Form

Medical Emergency Consent for Treatment for the 2020-21 School Year

In the event of illness or injury, I the undersigned parent/guardian of _____ (Minor's name) grant authorization and consent for Bethel Christian Academy to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Bethel Christian Academy to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the State of California. I agree to assume financial responsibility for the expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power to Bethel Christian Academy's representatives, in the exercise of their best judgment, upon the advice of any such medical or emergency personnel.

Student's Date of Birth: ____/____/____

Parent's Signature _____

Home Phone _____ Cell Phone _____ Work Phone _____

Family Physician _____ Phone Number _____

Address _____ City _____ State _____ ZIP _____

Medical Insurance Carrier _____

Medical Concerns (allergies, prescriptions, regular medications, or existing health conditions that should be known by school officials or that can be conveyed to medical or emergency personnel):

Do you give permission for the School to administer Tylenol (Acetaminophen) for minor pains (e.g. simple headaches or menstrual cramps)? Yes _____ No _____

In the case of an emergency or otherwise, my child may be released to the following people:

1. _____ 2. _____

3. _____ 4. _____

Evaluation of Student

To Be Completed by Parent

My child, _____, is applying for admission to Bethel Christian Academy.

Below is my evaluation of him/her.

Parent Signature _____ Date _____

Please circle the appropriate answer on the scale of 1 to 5:

- | | | | |
|---------------------------|-------------------------|-----------|--------------------------------|
| 1. Intellectual Ability | <i>Slow to Learn</i> | 1 2 3 4 5 | <i>Quick to Learn</i> |
| 2. Religious Experience | <i>Not Religious</i> | 1 2 3 4 5 | <i>Deeply Religious</i> |
| 3. Reliability | <i>Unreliable</i> | 1 2 3 4 5 | <i>Trustworthy</i> |
| 4. Personality | <i>Follower</i> | 1 2 3 4 5 | <i>Leader</i> |
| 5. Appearance | <i>Untidy</i> | 1 2 3 4 5 | <i>Well Groomed</i> |
| 6. Cooperation | <i>Obstructive</i> | 1 2 3 4 5 | <i>Cooperative</i> |
| 7. Industriousness | <i>Unmotivated</i> | 1 2 3 4 5 | <i>Ambitious</i> |
| 8. Initiative | <i>Seldom Initiates</i> | 1 2 3 4 5 | <i>Actively Creative</i> |
| 9. Emotional Stability | <i>Unstable</i> | 1 2 3 4 5 | <i>Very Stable</i> |
| 10. Friendships | <i>Lacks Judgment</i> | 1 2 3 4 5 | <i>Discerns in Friendships</i> |
| 11. Disciplinary Problems | <i>Major Problems</i> | 1 2 3 4 5 | <i>Model Student</i> |

12. What household chores or other duties is your child regularly responsible for? _____

13. How well does your child listen to and follow through with your instructions? _____

14. What strengths do you see in your child? What weaknesses do you see? _____

15. What would you suggest that the school do in a special way to help develop the well-roundedness of your child? _____

Evaluation of Student

To Be Completed by Pastor, Teacher, or Friend

My child, _____, has applied for admission to Bethel Christian Academy. Kindly fill out this character reference form and return it to Bethel Christian Academy at your earliest convenience.

Parent Signature _____ Date _____

Please circle the appropriate answer on the scale of 1 to 5:

- | | | | |
|---------------------------|-------------------------|-----------|--------------------------------|
| 1. Intellectual Ability | <i>Slow to Learn</i> | 1 2 3 4 5 | <i>Quick to Learn</i> |
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| 11. Disciplinary Problems | <i>Major Problems</i> | 1 2 3 4 5 | <i>Model Student</i> |

12. How long have you known the applicant? _____ In what capacity? _____

13. In your opinion, does this child have a submissive attitude toward authority? _____

14. Is there anything that you would suggest the school do in a special way to help develop the well-roundedness of this child? _____

Signature _____ Date _____ Relationship to Child _____

Address _____ Phone _____

Evaluation of Student

To Be Completed by Pastor, Teacher, or Friend

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Parent Signature _____ Date _____

Please circle the appropriate answer on the scale of 1 to 5:

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| 12. How long have you known the applicant? _____ In what capacity? _____ | | | |
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Signature _____ Date _____ Relationship to Child _____

Address _____ Phone _____