



APPLICATION FOR ADMISSION

317-858-2819 • (PreK-6) 317-858-2820 • (Upper School) 317-858-2823

FOR OFFICE USE ONLY:

Date Received: _____

Check #: _____

Application Date _____ Applying for Grade _____ Academic Year _____

APPLICANT INFORMATION

Applicant Name _____ Preferred Name _____
Last First Middle

Home Address _____
Street

City State Zip

Home Phone _____ Student Cell Phone _____ Student E-mail _____

Date of Birth ____/____/____ Female Male Place of Birth _____

Ethnicity Please check the box below that indicates your ethnic and cultural heritage. (Note: Your response is optional.)

African American Asian Caucasian Hispanic Native American Other

How did you hear about Bethesda Christian Schools? _____

FAMILY INFORMATION

Applicant lives with (check all that apply):

Father Stepfather Other Father has custody Parents are separated Other
 Mother Stepmother Other Mother has custody Parents are divorced Joint custody

Please describe visitation rights _____

FATHER Mr. Dr. Rev.

MOTHER Miss Mrs. Dr.

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Preferred E-Mail _____

Preferred E-Mail _____

Occupation/Title _____

Occupation/Title _____

Employer _____

Employer _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Siblings _____

Name(s)

Grade(s)

School Attending

EDUCATIONAL/BACKGROUND INFORMATION

Applicant's Current School or Pre-school _____

School Address _____

School Phone _____ Parochial _____ Private _____ Public _____ Years attended _____

Has the applicant previously attended Bethesda Christian Schools? Yes No Grades? _____

Has the applicant skipped a grade or been retained in a grade? Yes No If yes, what grade and for what reason? _____

Has the applicant ever been suspended, expelled or denied re-enrollment? Yes No If yes, please explain _____

Why is your child withdrawing from his/her present school? _____

What academic areas, if any, are most difficult for the applicant? _____

Has the applicant been diagnosed with or recommended to take medications for ADD or ADHD? Yes No

If yes, name of diagnosis and medication(s) _____

Has the applicant ever been tested or enrolled in a special program? Resources Sensory Sensitivities Learning Disability Gifted and Talented? Yes No If yes, please explain _____

Please check if the applicant has received any of the following services. Counseling Psychological Occupational Therapy Resource at School Vision Therapy Educational Tutoring Physical Therapy Speech/Language Therapy

Please explain _____

Has the applicant ever been enrolled in a special education class? Yes No If yes, please explain _____

(Kindergarten only) Student will be enrolled for: Half day Full day option

CHURCH AFFILIATION

Family's church affiliation _____ Member? Yes No

Church address _____ Pastor's Name _____

Parents attend church regularly Applicant attends church regularly Applicant belongs to Youth Group

FAMILY STATEMENT OF FAITH: Bethesda Christian Schools is a community of Christian families with common beliefs and goals. Our admission policy requires one parent to be a professing Christian and give expression of that profession by active membership in a local church. Please describe your profession of faith, including your conversion experience. You may use another page if necessary.

PARENT SIGNATURES

My signature verifies that I have read and accept all terms of this Application Packet.

Signature of parent _____ Date _____

Signature of parent _____ Date _____

EMERGENCY INFORMATION

Who should be contacted in case of an emergency? _____ Relationship to student _____

Home Phone _____

Work Phone _____

Cell Phone _____

Other _____

If we cannot contact you, please list three people who may be contacted.

In the event of an emergency and I am unable to be reached, my child may be transported by any of the following people:

Name Relationship to student Phone Number

Name Relationship to student Phone Number

Name Relationship to student Phone Number

I, the parent/guardian of _____, (student's name) hereby release Bethesda Christian Schools and their employees and volunteers, and waive all responsibility on their part for any liability with respect to participation in school activities for my child named above. In the event of an emergency, medical or surgical situation in which I am unable to be reached in a timely manner, permission is hereby granted Bethesda Christian Schools to proceed with any medical or surgical treatment for the above named student. In case of minor injury or accident, I authorize the school personnel to administer first aid treatment.

Signature of Parent /Guardian _____ Date _____

EXTENDED FAMILY INFORMATION

Please provide the following information for grandparents to receive school communications.

GRANDPARENTS (paternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

GRANDPARENTS (maternal)

Title/Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

If you wish step-parents to receive school communications, please complete the following information.

STEP-FATHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Preferred E-Mail _____

STEP-MOTHER

Title/Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Preferred E-Mail _____