



FAMILY ENROLLMENT INFORMATION

KINDERGARTEN THROUGH TWELFTH GRADE

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

FAMILY INFORMATION

Applicant Name _____ Date of Birth _____
Last First Middle

Parent/Guardian applicant lives with:

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Preferred Email _____ Preferred Email _____

PARENT-SCHOOL AGREEMENT

- Bethesda Christian Schools may print the above information in its school directory or make it available through the school's online data management program.
 Yes No
- I authorize and give full consent to Bethesda Christian Schools to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs and promotional materials of Bethesda Christian Schools.
 Yes No

FINANCIAL INFORMATION

Person responsible for school account: (Please Print) Name _____
Last First

Street Address _____ Phone _____

City _____ State _____ Zip _____

We have read the Enrollment Application and understand the contents, obligations, and expectations outlined and incorporated in the Application Packet and incorporated by reference in this agreement. We understand that if we do not fulfill the financial obligations or the parent or student behavior expectations, we may be asked to withdraw from Bethesda Christian Schools. On behalf of our child(ren) and ourselves, as parents or legal guardians, we shall be bound by all rules and regulations in effect at the time the applicant is accepted by Bethesda Christian Schools, or as may be altered from time to time thereafter.

PARENT SIGNATURES

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

Father's Signature Date

Mother's Signature Date