

APPLICATION FOR ADMISSION Bethlehem Christian School

Applicant Information		Kindergarten applicants only □ Half-day K □Full-day K				
School Year: 20/20_		☐ Begin half-day, trans	ition to fu	II-day a	fter Christr	nas break
Grade Entering:						
Applying to: Bethlehem (Campus 🚨 Blue Mo	untain Campus				
Full Name of Child:						
	FIRST	MIDDLE	LAST		PREFERRE	D NAME
Home Address:						
	STREET	CITY	STATE		ZIP CODE	_
Telephone:						
School District in which child	l resides:			Curre	nt Grade:	
Name of Current School:						
Address of Current School:						
	ADDRESS	CITY	STATE		ZIP PI	HONE
List all previous schools app	licant has attended. Att	tach additional sheet if	necessa	ary.		
NAME OF SCHOOL	STREET ADDRESS	CITY	STATE		ZIP	GRADE
Has applicant ever been retail If yes, name of school Complete address of scho						
·						
Has child received testing or If yes, please include a co		ng differences? 🛭 No	☐ Ye	S		
Has child received official di If yes, please include lette	•			ipal of	school.	

Does child regularly require medication? ☐ No ☐ Yes

APPLICATION FOR ADMISSION

Family Information

Father's Info	rmation	Mother's Information			
☐ Mr. ☐ Pastor ☐	Dr. Other	☐ Mrs. ☐ Ms. ☐ Pastor ☐ Dr. ☐ Other			
Name		Name			
Street Address		Street Address			
City State Zip		City State Zip			
Home Phone		Home Phone			
Cell Phone		Cell Phone			
Work Phone		Work Phone			
E-mail		E-mail			
Occupation/Position_		Occupation/Position			
Employer's Name/Add	dress	Employer's Name/Address			
Check all that apply: Applicant lives with:	□ Married□ Mother remarried□ Natural father deceased□ Father□ Stepmother	☐ Separated ☐ Divorced ☐ Father remarried ☐ Natural mother deceased ☐ Name of stepmother			
*	☐ Mother ☐ Stepfather	□ Name of stepfather			
Does child have a sibl	ing applying to Bethlehem Chris	stian School this year? ☐ Yes, grade ☐ No			
Why do you do want y	our child(ren) to be educated at	Bethlehem Christian School?			

APPLICATION FOR ADMISSION

Parent Questionnaire

Bethlehem Christian School is committed to equipping students for Christian living by instilling the Biblical principles of self-discipline, individual responsibility, personal integrity and good citizenship. We view ourselves as an extension of the Christian home. To help us towards this goal, we ask that both parents/guardians complete this questionnaire. Attach additional sheets if more space is needed.

Father's Information

Name:			
☐ Attends church regularly	☐ Attends occasionally	☐ Does not attend	
Church Affiliation		Street Address _	
City	State	Pastor's Name	
Have you personally receive	ed Jesus Christ as your Lor	d and Savior? 🔲 Yes	□No
Please state in detail how a	nd when you received Jesu	ıs Christ as your persona	al Savior
Please describe the ways in	ı which you integrate your f	aith into your family's life)

APPLICATION FOR ADMISSION Parent Questionnaire Continued

Mother's Information Name: ☐ Attends church regularly ☐ Attends occasionally ☐ Does not attend ____Street Address ___ Church Affiliation _____ ____State _____ Pastor's Name ___ Have you personally received Jesus Christ as your Lord and Savior? ☐ Yes ☐ No Please state in detail how and when you received Jesus Christ as your personal Savior. Please describe the ways in which you integrate your faith into your family's life

APPLICATION FOR ADMISSION Continued

	pplication Fee nere is a one-time, non-refundable application fee o	f \$75 per family.		
-	oplication Fee: \$75.00 per family ndergarten Testing Fee: \$15.00			
	Check ☐ Cash ☐ EFT (online payment at	www.bethlehemchristianschool.org)		
Do Ap _l nee	inancial Aid o you intend to apply for financial aid? □ No □ Yes oplicant must be enrolled in the school before application for fin ed and family circumstance. Financial aid funds are limited and by school office for further information regarding financial aid.			
S 1	tatement of Agreement by Parel The teacher and/or principal will discipline my child wh responsibility.	nt/Guardian en necessary and will use discretion in carrying out this		
2.	Grade placement of my child will be recommended by with input from any support teachers and the parents.	the teacher, subject to the approval of the principal, and		
3.	The school reserves the right to dismiss any student if the student and/or parent(s) of the student do not cooperate with the educational process.			
4.	ne school reserves the right to have emergency treatment administered by a hospital or medical doctor. Every fort will be made to contact the parents and use any medical information we have on file.			
5.	I/We hereby agree to pay all tuition, fees and other financial obligations to Bethlehem Christian School on, or before, the date due without a reminder. We have read the formal "Policies Relating To Tuition Payments" posted on the Bethlehem Christian School website and we agree to its terms. We understand that if our account becomes past due over 90 days our student will not be enrolled and all costs of collections would be added to the total financial obligation of the family.			
6.	for the school, undertaking volunteers duties as opport functions. As the Lord enables, we agree to support the	We hereby agree to lend practical help and prayer support to Bethlehem Christian School by earnestly praying the school, undertaking volunteers duties as opportunities arise, and attending meetings and parent actions. As the Lord enables, we agree to support the school by gifts in addition to our tuition payments and es. (Tuition rates do not cover the cost of operating a school.)		
7.	We hereby agree that any claim or dispute arising from or related to this agreement shall be settled by iblically based mediation and, if necessary, legally binding arbitration in accordance with the "Rules and rocedures for Christian Conciliation" of the Association of Christian Conciliation Services, and judgment upon a arbitration award may be entered in any court having jurisdiction.			
8.	I/We have read the Student Handbook and Statement website, www.bethlehemchristianschool.org, and agree			
Fa	uther's Signature	Date		
Мо	other's Signature	Date		
Le	gal Guardian's Signature	Date		
	Please do not write in this space. Information	on to be completed by office staff.		
	Application Fee: \$75.00 per family Kindergarten Testing Fee: \$15.00			
	Application fee received by	Date		

_____ Check

□ Cash

□ EFT

Page 5

Amount \$____