

BETHEL BAPTIST CHRISTIAN SCHOOL

Application for Enrollment

Please print clearly using black ink.

Date: ___ / ___ / 20___

Enter the grade for which student is applying here →

Student Information

Last Name First Name Middle Name Social Security Number

Street Address City Zip Code Date of Birth (mm/dd/yyyy)

School Last Attended (before Bethel) Grade Average (if new) Male/Female Telephone Number

List Allergies and/or Prescription Medications Taken by Student Place of Birth

Has your child ever been retained in a grade? YES NO If yes, what grade? _____

Has your child had any serious illness recently? YES NO If yes, what illness? _____

Has your child ever been promoted more than one grade in a year? YES NO If yes, when? _____

Family Information

Father's Last Name Father's First Name Email Address

Father's Employer (_____) _____ - _____ Work Phone Number Home or Cell Phone (please circle one)

Mother's Last Name Mother's First Name Email Address

Mother's Employer (_____) _____ - _____ Work Phone Number Home or Cell Phone (please circle one)

Names and ages of brothers and sisters:

Name Age Name Age Name Age

What church or religious group does the student attend (if any)? _____

Do you understand that Bethel Baptist Christian School is a Christian School and agree that your child will attend religion classes and learn the Bible, its history, and the teachings of Jesus Christ? YES NO

Do you agree to authorize this school to use discipline that it considers wise and necessary for the welfare of your child – especially in the areas of behavior and dress code? YES NO

Father's Signature Date

Mother's Signature Date



Medical History (Fill in the circles for all that apply)

It is *mandatory* that students who show symptoms of a communicable disease or illness be excluded from classes until cleared by a doctor and approved by school administration.

Father's Health:

- Excellent
- Average
- Poor

If poor, please explain: _____

Mother's Health:

- Excellent
- Average
- Poor

If poor, please explain: _____

If either parent(s) are deceased, state cause: _____

Past Diseases

- Chicken Pox
- Diphtheria
- Measles
- Mumps
- Pneumonia
- Polio
- Rheumatic Fever
- Scarlet Fever
- Whooping Cough
- Other (Eplain):

Immunization

- Chicken Pox
- Diphtheria
- Hepatitis B
- Measles
- Polio
- Schick Negative
- Smallpox – Scar
- Tetanus
- Typhoid
- Whooping Cough
- Other (Eplain):

When is his/her regular bedtime? __:__ pm to __:__ am

Does your child have any disability due to disease or accident? YES NO

Explain: _____

Has your child had a skin test for tuberculosis? YES NO
Associated with a tubercular patient? YES NO

Recent Illness or Disability

- Abdominal Pains
- Allergies
- Asthma
- Breath Shortness
- Colds (For or More Yearly)
- Convulsions
- Crippling Conditions
- Dental Defects
- Diabetes
- Discharging Ears
- Dizziness
- Fainting Spells
- Growing Pains
- Hay Fever
- Hearing Difficulty
- Heart Disease
- Hernia (Rupture)
- Impetigo
- Leg Pains (Frequent)
- Nose Bleed
- Persistent Cough
- Pink Eye
- Poor Visions
- Ringworm
- Sore Throat (Frequent)
- Speech Difficulty
- Stiles (Frequent)
- Tires Easily
- Urination (Frequent)

REMINDER: No student will be excused from P.E. without a written notice from a physician