

# 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
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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):  
\_\_\_\_\_

## 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)

## 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

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