

BETHEL BAPTIST CHRISTIAN SCHOOL I-20 Registration Form

Please print clearly using black or blue ink.

Date: ___ / ___ / 20___

Student Information

Family Name(Surname)	Given Names (same order as on passport)	English Name (if any)	SEVIS ID #
U.S. Street Address	City	Zip Code	___ / ___ / ___ Date of Birth (mm/dd/yyyy)
Grade Applying	Age	Last School Attended	Average Score
			Gender (M/F)
List Allergies and/or Prescription Medications Taking		Student's U.S. Cell Number (____) _____ - _____	
		K4 K5 1 2 3 4 5 6 7 8 9 10 11 12 (Circle grades attended at Bethel)	

Homestay Information

Guardian #1: Last Name	First Name	Relationship	Email Address (required)
Guardian #1 Employer	(____) _____ - _____ Work Phone Number	(____) _____ - _____ Home or Cell Phone (circle one)	
Guardian #2: Last Name	First Name	Relationship	Email Address (required)
Guardian #2 Employer	(____) _____ - _____ Work Phone Number	(____) _____ - _____ Home or Cell Phone (circle one)	

Other Relatives Attending Bethel:

Name	Grade	Relationship	Name	Grade	Relationship
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Parent Information

Father's Last Name	First Name	Email Address (required)
Mother's Last Name	First Name	Email Address (required)
Complete Address in Home Country	City	Country

Emergency Information for medical decisions and child pick up ***if you are unreachable.*** (English speaking please) ***These names should not include parents' or guardians' names.***

Name	(____) _____ - _____ Work Phone Number	(____) _____ - _____ Home/Cell Phone (circle one)
Name	(____) _____ - _____ Work Phone Number	(____) _____ - _____ Home/Cell Phone (circle one)
Name	(____) _____ - _____ Work Phone Number	(____) _____ - _____ Home/Cell Phone (circle one)

Statement of Cooperation (Please read and place initials/signature on the blank to the left of each bullet point)

- _____ I understand that the policy of the school is to make **no refunds on registration fees**
- _____ I have read the financial information for Bethel Baptist Christian School and agree to cooperate with these standards to the fullest extent
- _____ I agree to give the school **a minimum of 30 days written notice** prior to the removal of my child, otherwise forfeiting that month's payment
- _____ I give permission for my child to take part **in all school activities**, including sports and school-sponsored trips away from the school premises.
- _____ I give permission for the school **to use my child's photograph** in the school yearbook and for school promotions
- _____ I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. Please provide ***both*** signatures below, if possible
- Failure to remain current with your school financial obligations may result in removal of your child from school and school activities

Father's Signature

Date

Mother's Signature

Date

Child Pick Up Information

In the event that you need to send someone to take your child home from school, your child will ONLY be released to those adults (other than the parents) whom you list below. Your child WILL NOT be released to anyone that is not listed regardless of their relationship to you or your child. **In the event of a disaster, school will not be dismissed.** Children will remain under the supervision of the school and will be provided for according to our emergency operational procedures. They will be released to the parents or the people listed below.

Print the names (**excluding parent listed on the front**) of authorized individuals only:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please **list any medical conditions** that the school should be made aware of in case of extended care.
