

Bethel Christian Academy

100 Park Street

Canton, NC 28716

Tel. (828) 648-4492 Fax (828) 648-4498 www.bcacanton.org

APPLICATION FOR ENROLLMENT

Name: _____

STUDENT INFORMATION

_____ Last _____ Goes by _____

Address: _____ First _____ Middle _____ Zip _____

_____ Street _____

_____ City _____ State _____ Birth Date: _____ MM/DD/YEAR

Home Phone: (____) - _____

E-mail address: _____

Social Security #: _____ - _____ - _____ Current or last grade completed: _____ Grade to enter: _____

Has the student been expelled or suspended from school? Yes No If "Yes", please give brief explanation.

Has the student ever been retained? Yes No If yes, which grade?

Has the student ever been tested or received special help for reading or learning difficulty (Remedial Reading or Math, LD, ADD, etc.)? Yes No If yes, please explain and provide a copy of the evaluation or report with this application:

Dates Attended	Grade	Name of School	Address (City, State, Zip)

What are the two factors that most influenced you to apply to BCA? (Check two)

Displeasure with public schools Desire to attend a private school Christian Philosophy

Recommendation of BCA families Smaller classes

Other: _____

Name of person(s) responsible for tuition fees? _____

Relationship to student: Parents Father Mother Grandparent Other: _____

Please give address if different from student: _____

_____ Street _____ City _____ State _____ Zip _____

FAMILY INFORMATION

Name of church attended: _____ City: _____

Member? Yes No How long attended? _____ Pastor's name? _____

Father's Name: _____ Name used: _____

Address if different from Student: _____
Address

Occupation: _____ Employed by: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Name used: _____

Address if different from student: _____
Address

Occupation: _____ Employed by: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Financial statements will be sent by email unless you indicate otherwise: No Yes

Email address: _____

Student lives with: Father Stepfather Mother Other: _____

The student's. . . Father is deceased Mother is deceased
 Parents are divorced Parents are separated

If parents are divorced/separated, do both parents have legal rights to information about the student and permission to pick up the student from school? _____

Are there any family circumstances the school should be aware of in working with your child? _____

Methods of discipline used in the home: _____

List other siblings of the student: _____

NAME	AGE/GRADE	NAME OF SCHOOL

REFERENCES Required for all students entering 1st through 12th grade.

Please list three references who know the student and his or her family well. DO NOT LIST RELATIVES OR PASTOR.

First Name Last Name Phone# Street Address City State Zip

First Name Last Name Phone# Street Address City State Zip

First Name Last Name Phone# Street Address City State Zip

MEDICAL & EMERGENCY INFORMATION

LIST TWO PEOPLE WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED:

First Name Last Name Phone # Relationship to Student

First Name Last Name Phone # Relationship to Student

Medical Insurance Company: Policy #:

Student's Doctor: Phone #

Student's Dentist: Phone #

Does the student have any known allergies?_Yes No If Yes, please list:

Does the student have any known drug allergies?Yes No If Yes, please list:

Does the student require regular medication? Yes No If Yes, please list:

Does the student have any medical condition that may affect his/her ability to perform normal activities in class and recess/Physical Education?_Yes No If Yes, please explain:

Does the student wear glasses/contacts?____Yes No If Yes: Full Time Part Time

Please list any additional pertinent information:

Medical RELEASE FORM Please read the following statement, sign, and date.

In case of an emergency, I hereby grant permission to Bethel Christian Academy to administer any necessary medical attention or seek professional medical attention for my child in the event of accident, injury, sickness, etc... until such time as I can be contacted.

Parent Signature: _____ Date: _____

CONSENT FOR DISTRIBUTION OF MEDICINE This release form is optional, but no medications can be given without parental permission. Bethel Christian Academy cannot administer medicine to your child unless the medicine is brought to the office and this release form is signed. Please clearly label any medications that you wish for us to administer, place them in a plastic zip bag labeled with the student's name and send it to the office. Suggested medications include Tylenol, throat lozenges, cough drops, and antacids.

I, _____, give my permission to Bethel Christian Academy to administer medications to my child, _____, during the school year.

Parent Signature: _____ Date: _____

Parent Statement of Cooperation

PHILOSOPHY/STATEMENT OF FAITH/POLICIES

We have read and understand the Bethel Christian Academy Philosophy Statement and Statement of Faith.

We commit to fulfill our volunteer hours following the established guidelines or we will pay the assigned fee.
We agree to support Bethel Christian Academy by faithfully praying for the students, teachers, and administration.

FINANCES

We understand it is necessary that parents pay tuition for the amount stated on the Tuition & Fee Information. If tuition payments and fees are not received by the due date of each month, a \$33 late fee will be added to the account. Tuition that becomes 30 days past due will result in the student being withheld from attending school until such amounts due to BCA are made current. A fee of \$20 will be charged for each returned check. We further understand that there are no refunds or transfer of fees to other children or other school years for the Registration Fee Book Fee, Application Fee or Facility Fee. The full month's tuition is due for any month in which the student attends one school day. All fees are due in full and are non-refundable. Refunds are for tuition only, and will be made on accounts that are paid beyond the current month.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Bethel Christian Academy accepts students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded, or made available to, students at our school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, athletic or other school administered programs.

We understand these truths will be taught daily and in many different ways, including but not limited to, textbook and teacher instruction, chapel services, Bible lessons, discipline, sports, and activities.

We have read and understand the Policies of Bethel Christian Academy as written in the Student Handbook and will support the Academy in the implementation of these policies. **DISCIPLINE**

- We believe Discipline is a necessary component of our children's education. We will support our children's teachers and administration while they make and enforce classroom regulations. We also understand that Bethel Christian Academy will not tolerate profanity, obscenity, disrespect, or blatant disobedience from any student. Students who will not comply with the rules will be asked to leave. The students and staff deserve a Christ-like atmosphere in which to work and study.

PARENTAL COMMITMENT

- We understand that we have an obligation to be involved in the education of our children and the upholding of the academic standards of Bethel Christian Academy. We understand the academic development of our child is NOT the teacher's sole responsibility. We, as parents, have an important role to play by limiting outside activities, communicating with teachers concerning our child's academic progress and behavior, monitoring homework responsibilities, strictly limiting absences, tardiness, and early checkouts.

We understand that North Carolina Law requires every student to attend school for nine calendar. Excessive absences could result in repeating a grade.

We agree that matters of concern or complaints may be registered with the teacher first, then, if necessary, Administration.

We will support the school through involvement in conferences with teachers, mandatory parent meetings, fundraising events, and work days as we are able.