



BETHEL CHRISTIAN SCHOOLS

New Student Enrollment Application

All new student applicants, including kindergarteners, must complete placement testing with fee. Appointments are to be made through the school office.

New student applicants in grades 1-12 must provide a copy of the last report card or transcript in order for application to be considered. BCS may contact the previous school to verify or expand information given prior to making final determination of acceptance of enrollment. Provided enrollment is accepted, BCS will request the Cumulative Records from the previous school.

General Information

Student Name _____ Today's Date _____

School year _____ Grade to Enter _____ () Male () Female

Parent/responsible party:

Name Relationship to student Daytime phone number

Mailing address City, state, zip Email

Why do you desire to enroll your child at Bethel? _____

How did you hear about Bethel? Were you referred by someone (name)? _____

Does your child have any diagnosed learning disabilities? If so, please describe: _____

Does your child have any on-going medical conditions? If so, please describe: _____

Are there any other situations that need to be brought to our attention? If so, explain: _____

Previous School Information - this section does not apply to students entering kindergarten. Please skip to the 'Information Verification' section on the below.

Name of Previous School _____

City and State of Previous School _____

Principal or Counselor's Name at Previous School _____

Has your child ever been expelled from any school? If so, why? _____

Which school? _____ When? _____

Has your child ever been suspended from any school? If so, why? _____

Which school? _____ When? _____

Information Verification

Bethel Christian School reserves the right to have a student involuntarily withdrawn if any information contrary to information submitted on this form is received.

I hereby verify that all of the above information is correct.

Mother or legal guardian Date Father or legal guardian Date

Office use only below this line

New student testing administered:

Date _____ By _____ Result _____

Interview (if applicable) date _____ By _____

Application: () Accepted () Denied – reason (optional) _____

By _____ Date _____

Parent/guardian notified: Date _____ By _____

Student registered: Date _____ By _____

Cume file request date mailed: _____ By _____

Cume file received date: _____ By _____