

# BETHEL CHRISTIAN SCHOOLS

## Registration/Information Form



School Year \_\_\_\_\_ Grade to enter \_\_\_\_\_ Today's Date \_\_\_\_\_

Student's legal name \_\_\_\_\_

First Middle Last

Preferred name \_\_\_\_\_ ( ) Male ( ) Female Birthdate \_\_\_\_\_

Student's primary home address \_\_\_\_\_ City, state, zip \_\_\_\_\_ Student cell phone \_\_\_\_\_

Student lives PRIMARILY with (circle all that apply):

Mother    Father    Parent 50/50 joint custody    Guardian (relationship to student) \_\_\_\_\_

Does one parent/guardian have sole physical custody? Name \_\_\_\_\_

Mailing address (if different from student's primary address):

Street or P.O. Box \_\_\_\_\_ City, state, zip \_\_\_\_\_

*Check all of those who may pick up student from school. If the box isn't checked, we may not allow this person to pick up the student from school.*

*May pick up from school*

( )

Mother (if applicable) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
*Please circle which number is best to reach you during school hours*

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_ Email \_\_\_\_\_

( ) Live-in step-parent? Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

( )

Father (if applicable) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
*Please circle which number is best to reach you during school hours*

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_ Email \_\_\_\_\_

( ) Live-in step-parent? Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

( )

Guardian (if applicable) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_ Email \_\_\_\_\_

( )

Sibling (17 years and older) authorized to pick up student \_\_\_\_\_ Cell phone \_\_\_\_\_

Names and grades of other children in household enrolled at Bethel \_\_\_\_\_

Others within 20 minutes of school to contact in case of emergency (and authorized to pick up student):

Name Relation to child Home phone Work phone Cell phone

Name Relation to child Home phone Work phone Cell phone

Name Relation to child Home phone Work phone Cell phone

Name Relation to child Home phone Work phone Cell phone

Emergency disaster (such as earthquake) out-of-area contact person (must reside at least 50 miles away):

Name Relation to child Home phone Work phone Cell phone

Medical conditions or allergies to be aware of: \_\_\_\_\_

Is student on any kind of daily medication? If so, please specify \_\_\_\_\_

Check any over-the-counter medicines that the office may give to your child as needed:  
( ) Acetaminophen ( ) Ibuprofen ( ) Antacid ( ) Antihistamine ( ) Cough syrup/drop

All forms must be signed by both Mother and Father as entered on the child's birth certificate unless a copy of any court document is provided assigning SOLE PHYSICAL CUSTODY to one parent, or LEGAL GUARDIANSHIP to someone other than Mother or Father.

BCS policy is to only contact the parent/guardian with which student primarily lives in case of serious disciplinary or academic issue or in case of emergency UNLESS provided with a copy of any court document stipulating that both parents must be contacted.

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY below this line  
Court documentation on file stipulating that:

- ( ) Above signed person has sole physical custody of student.
- ( ) Above signed person is legal guardian of student.
- ( ) Both parents must be contacted in case of serious issue or in case of emergency.

PHOTOCOPIES  
Original Student file  
Copy Front office  
Copy Discipline  
Copy VP  
Copy Day Care  
Copy Teacher

Received by \_\_\_\_\_ Date \_\_\_\_\_