

Student Data

Name (Last, First, Middle)

Application Date / /

Name That Student Prefers

Student Social Security Number

Grade to Enter

School Year: 20 -

Sex: MALE FEMALE

Age:

Birth Date: Month

Date

Year

Name of School Last Attended

School Address

Has student been retained?

If yes, what grade?

Are there special circumstances regarding the student's general health or learning abilities?

If yes, please explain.

Family Information

Father's Name

Marital Status: Married Separated Divorced Remarried Deceased

Mother's Name

Marital Status: Married Separated Divorced Remarried Deceased

Legal Guardian: Mother Father Other (include name and relationship)

Student Lives With:

Address

City/State/Zip

Country

Home Phone

Church

Father's Employer

Phone

Mother's Employer

Phone

Siblings (include name, age, and school)

Referred by

Reason for applying to Beth Haven Christian School

Emergency Information

List any health problems your child might have – seizures, allergies, operations, etc.

List any ongoing medications your child takes

In case of an emergency and we cannot reach a parent or guardian, list the names and telephone numbers of three other people whom we may contact:

1 st Name	Phone
----------------------	-------

2 nd Name	Phone
----------------------	-------

3 rd Name	Phone
----------------------	-------

Medical Insurance Carrier	Phone
---------------------------	-------

Statement of Cooperation

It is my responsibility as a parent/guardian to pay tuition on the current financial information. I understand that no records will be released until all bills are paid up to date and that delinquent payments could be cause for suspension. I also understand that assessments will be made to cover lost or damaged school property.

The fees and tuition do not cover the actual cost of education my child, therefore, my participation is needed in prayer, service, and fundraising in order to share in this training.

The administration of the school has the final responsibility for the grade placement of my child.

In order for my child to derive the maximum benefit from his education, I may sometimes need to work with him at home if he experiences difficulties in mastering material.

The teacher and the administration are hereby given full discretion in the discipline of my child. This would include the issuing of detention hall, suspension, corporal punishment, and expulsion.

We are expected to support the standards of the school at home. Should there be any question, we will contact the teacher or administrator to arrange for a conference. If the problem cannot be remedied, we agree to quietly withdraw our child from the school rather than encourage discord or unrest among other parents.

The school reserves the right to dismiss any student who is found to be out of harmony with the rules, policies, or spirit of Beth Haven Christian School.

My child is to take part in all required school activities, including school-sponsored trips away from the school premises. I absolve the school for liability to me or my child at school or school activities. In case of accident or serious illness, I request the school to call my physician and to follow his instruction. If it is impossible to contact his physician, the school may take whatever arrangements it deems necessary.

Father's Signature

Mother's Signature

Date