



This form must be accompanied by a \$35 non-refundable application fee.

Applying for Grade \_\_\_\_\_ to enter \_\_\_\_/\_\_\_\_/\_\_\_\_ .

*(Please print)*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  
Last First Middle  Female

Address: \_\_\_\_\_  
Number & Street City State Zip

Date of Birth: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

School District in which student currently resides: \_\_\_\_\_

Is applicant in good standing and eligible to remain or return to his present school?  Yes  No

Father's or Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's or Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Children in Family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Has the child ever: (check if appropriate and give full particulars on a separate sheet of paper, including the principal's name and the address of the school, where necessary).

- Attended summer school program
- Repeated a grade
- Had disciplinary difficulty
- Been expelled
- Been suspended
- Had an emotional, mental, social or physical handicap
- Had a learning handicap
- Had extended absences from school
- Shown special abilities/interests

Special health problems of which the school should be aware: \_\_\_\_\_

**School Use Only:** For Grade \_\_\_\_\_ Interviewed \_\_\_\_\_  
 Fee Paid \_\_\_\_\_ Tested \_\_\_\_\_  
 Receipt No. \_\_\_\_\_ Accepted \_\_\_\_\_

ENROLLMENT FORM (Continued)

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does the applicant regularly take any medications? \_\_\_\_\_

Please Explain \_\_\_\_\_

Name and Address of person(s) the school should contact in case of emergency when parents cannot be contacted:

(1) \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Home Church that you attend \_\_\_\_\_ Member:  Yes,  No

Church Address \_\_\_\_\_  
Street City State Zip

Pastor's Name \_\_\_\_\_ Denominational Affiliation \_\_\_\_\_

ACCIDENT RELEASE: On field trips and excursions, students will need to be transported in private cars of parents, teachers, or in a school vehicle. Reasonable precaution will be taken to provide for the safety of the children. I request that \_\_\_\_\_ (name of student) be transported as stated above, and I relieve Bloomsburg Christian School of any responsibility in the event that my child should be injured in any way during such activities.

B.C.S. will discipline all students in such manner as it deems wise and expedient and in accordance with Biblical principles. Your signature below indicates your agreement to this policy and that you will cooperate with the administrative, educational and financial policies of the school.

Signatures of Parents or Guardians:

\_\_\_\_\_  
\_\_\_\_\_