

# Bethel Christian School

2901 Winona Drive • Ruston, LA 71270 • 318.255.1112 www.bethel-christian.com

## 2009-2010 Application for Enrollment

### Student Information

Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

School Last Attended: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Parish of Residence: \_\_\_\_\_

Public School Child would be Attending if not Enrolled at Bethel: \_\_\_\_\_

*If applying for enrollment for more than one child, please fill appropriate spaces on reverse side of this form.*

### Parent Information

Parents' Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*If child lives with someone other than his or her parents, check here ( ) and fill out the following:*

Guardian's Name(s): \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Church Preference: \_\_\_\_\_ How often does the child attend? \_\_\_\_\_

Church Pastor: \_\_\_\_\_ Church Phone: \_\_\_\_\_

### Emergency Information

First Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions\* : \_\_\_\_\_  
\_\_\_\_\_

Allergies (include any medicine to which child is allergic)\* : \_\_\_\_\_  
\_\_\_\_\_

*\*Note: This information is used only for medical treatment and will not be used to discriminate against the child.*

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## Additional Children

### **Second Child**

Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

### **Third Child**

Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

### **Fourth Child**

Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

### **Fifth Child**

Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Circle one): American Indian Asian Black Hispanic White

## **Agreement**

We hereby give permission for our child to accompany the class on any school-sponsored trip in Lincoln Parish and will not hold the school responsible in case of accident. We also give the school administration permission to search our child(ren)'s locker, backpack or belongings for any reason at any time.

We realize that Bethel Christian School is a non-profit organization, operated and staffed by those whose one aim is to benefit the child, and that attendance is a privilege and not a right. We hereby agree to cooperate with the administration by supporting its policies and promise to back up the school in all matters of discipline. If there are times when we do not agree with the discipline of our child, we agree to go to the school and discuss the matter. Under no circumstances will we sue Bethel Christian School.

**We understand that the school reserves the right to dismiss a child if the child becomes a discipline problem, hinders the class, is incapable of learning in a standard classroom situation, destroys school property, or develops a bad attitude toward school personnel, or for any other reason which the school sees as cause for dismissal. If there are any legal documents pertaining to the parent's custodial rights of this child, we must have a copy.**

*By signing this application we are making a commitment to pay a full year's tuition for our child or children, even if we withdraw or if our child is dismissed for any reason.*

Signature of Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_