

2901 Winona Drive
Ruston, Louisiana 71270
Non-discriminatory

BETHEL

CHRISTIAN SCHOOL

DECIDEDLY ACADEMIC DISTINCTLY CHRISTIAN

Phone: 318.255.1112
Fax: 318.513.1113
Bethel-Christian.com

SSN: _____

STUDENT APPLICATION

_____	Records Request
_____	Immunization Record
_____	Birth Certificate
_____	SS card

(Please print) Applying for Grade _____ to enter _____ (mmddyy)

I. Student Information

Last Name _____ First _____ Middle _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Student Cell Phone _____ Birthdate _____
 Race _____ Sex _____
 Last School Attended _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 School Phone _____ Grade Completed or Presently Enrolled _____
 Is applicant in good standing and eligible or return to present school ___ Y ___ N?

II. Family Information

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	Name _____ Living with Child ___ Y ___ N Home Address _____ Deceased ___ Divorced ___ Home Phone _____ Cell Phone _____ Email _____ Employer _____ Work Phone _____
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<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	Name _____ Living with Child ___ Y ___ N Home Address _____ Deceased ___ Divorced ___ Home Phone _____ Cell Phone _____ Email _____ Employer _____ Work Phone _____
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III. Church Preference: _____ How often does your child attend? _____
 Church Pastor _____ Phone: _____

IV. Student Reference: Please list at least one teacher, pastor, or Sunday school teacher to recommend your child:
 Name: _____ Phone: _____ Relationship: _____

Mail from Bethel should be sent to: (check all that apply) ___ Mother ___ Father ___ Guardian
 Email Newsletters will be sent to grandparents and relatives. Write email addresses to be included: _____

How did you learn of Bethel Christian School? _____

Medical History

Child's Name: _____

If you answer Yes to any of the questions below, please give full particulars on a separate sheet of paper and attach to this application. Has your child....

YES	NO		YES	NO
_____	_____	Repeated a grade in school?	_____	_____
_____	_____	Attended a summer school program?	_____	_____
_____	_____	Had excessive absences from school?	_____	_____
_____	_____	Been diagnosed with special learning problem?	_____	_____
_____	_____	Been diagnosed as having ADD or ADHD?	_____	_____
_____	_____	Been admitted to any type of mental health or juvenile program?	_____	_____

If your child has other special concerns, problems, or abilities of which the school should be aware, please explain on a separate sheet of paper.

Medical History

Has your child had...	Yes	No		Yes	No		Yes	No
AIDS/HIV			Depression			Mental Disease		
Anemia			Diabetes			Pneumonia		
Anxiety			Glandular Disease			Rheumatic Fever		
Appendicitis			Heart Disease			Scarlet Fever		
Arthritis			Hepatitis			Sinus Trouble		
Asthma			Kidney Trouble			Thyroid Trouble		
Cerebral Palsy			Malaria			Tuberculosis		
Chicken Pox			Measles/Rubella			Typhoid Fever		
Colitis			Meningitis			Ulcers		
Convulsions/Seizures			Mononucleosis			Vertigo (dizziness)		

Circle the following symptoms that have been serious or frequent: Allergies Boils Bloody Sputum Chest Pain Chronic Cough Colds Constipation Earaches Headache/Migraine Hoarseness Indigestion Jaundice Nausea Nervousness Night Sweats Rapid Heartbeat Shortness of Breath Skin Trouble Sore Mouth Sore Throat Sweating of Hands/Feet Urinary Symptoms

Has your child ever...	Yes	No	If Yes, explain below
Been unable to attend school because of health?			
Been unable to take physical education or participate in sports because of health?			
Been hospitalized for mental or nervous disorder?			
Had any serious illness, injury, or operation not listed above?			
Does your child have allergies?			

Does your child wear glasses? _____ Hearing aid? _____

Has your child had a professional...	Yes	No	Doctor's Name	Date
Vision Exam				
Hearing Exam				
Physical Exam				
Dental Exam				

If your child has any unique needs, please describe them on a separate sheet of paper.

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2021-2022 Enrollment Contract

Parents or legal guardians must sign this agreement.

I, the undersigned parent or guardian, acknowledge Bethel Christian School's acceptance of the following children for the 2021-2022 school year. I hereby enter into this contractual agreement with the Bethel Christian School and agree to pay the required fees as published in the attached 2021-2022 Schedule of Fees and the Enrollment fee for a full school year, or that part of the school year remaining after entrance. I understand that **TUITION IN FULL IS A BINDING OBLIGATION**. I also understand that payment of installments does not represent a fractional contract. No refund will be made for the dismissal or withdrawal of a student, except in verified instances of employer dictated transfers involving relocation of 60 miles or more. I further understand that enrollment/re-enrollment fees must accompany this contract. Enrollment/re-enrollment fees are **NON-REFUNDABLE for any reason. Tuition checks for monthly payments must be submitted with this contract.** I acknowledge that in the event of default in payment, that Bethel Christian School may report this default to a credit reporting agency, as well as place my promissory note in the hands of a collection agency or attorney for collection. **I understand that a 5% interest may be added for each late or defaulted payment.** If any checks I write are returned due to insufficient funds, I agree to bring cash money or a money order in the amount of the check and a **\$25 penalty for each insufficient fund check.** I also understand that failure to comply with this financial obligation, Bethel Christian School is authorized to (a) withhold all records pertaining to the students named and (b) refuse to permit the student to attend further classes, and/or school related activities until the entire amount required is paid in full.

Full Name(s) of Student(s)	2021-2022 Grade Level(s)	Enrollment Fee (see fee sheet)
_____	_____	
_____	_____	
_____	_____	Total Enrollment Fee
_____	_____	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>

I will pay the required fees as presented in the Fees and Tuition sheet. Please check either option #1 or option #2.

_____ Option #1 – Payment in full – Due by the first day of school in August.

_____ Option #2 – **Predated checks (dated by the 1st of each month) must be submitted with this enrollment.**

If Option #2 was chosen, please indicate which method payment you will choose.

_____ 2 payments _____ 8 payments _____ 9 payments _____ 10 payments _____ 12 payments

Parent's Name _____ Date _____
(Please print)

(Signature or Father or Legal Guardian) (Home Phone) (Work Phone) (Cell) (E-mail)

(Signature of Mother or Legal Guardian)

Billing Address _____

(Street or P. O. Box)

(City)

(State)

(Zip)

Statement of Cooperation

In making application on my child, _____ (child's name), it is my desire to have them complete the school year 2021-2022. I understand that the policy of Bethel Christian School is to make no refunds of enrollment fees.

I pledge my support to the school and its teachers in all matter. I support the schools stand on discipline and will also support the administration and teachers in this matter.

I further understand that should I choose the monthly payment plan for tuition, payments are due on the first of the month beginning of August 1st and ending on May 1st. A late fee of \$50.00 per student will be added to payments made after the 10th of the month with an additional \$5 each day of non-payments. **Should tuition payments fall 30 days behind, I understand that students will no longer be allowed to attend classes until satisfactory arrangements are made to bring the account up to date.**

I also give permission for my child to take part in all school activities and school-sponsored trips, and absolve the school from liability to me or my child and during any school activity.

Bethel Christian School's doctrinal belief is that the Holy Bible is God's Word without ANY error. Our Bible classes present their lessons based on the King James Version of the Scriptures.

I have read the Student handbook and will cooperate with the school to follow its procedures.

Signature _____

Father or Guardian

Signature _____

Mother or Guardian

Today's Date _____