



# BETHESDA CHRISTIAN SCHOOL

"Preparing Students for Their Life Purpose"

**To complete this application, attach:**

- \$250.00 Application Fee
- Contract of Enrollment
- Immunization record
- Last report card
- Last achievement test
- Birth certificate (K-5 through 5th)

All fees are non-refundable / non-transferable.

**OFFICE USE ONLY**

K Full Day \_\_\_\_\_ WP # \_\_\_\_\_  
 K AM \_\_\_\_\_  
 K PM \_\_\_\_\_  
 RCD \_\_\_\_\_  
 ALM \_\_\_\_\_  
 DE \_\_\_\_\_

Revised Jan. 2012

## Application for Admission

Grade \_\_\_\_\_ For the 201\_\_\_\_ - 201\_\_\_\_ School Term

### Applicant Information

*NOTE: All applicable information and signatures must be completed before application will be considered for enrollment. The application does not assure final enrollment but provides information upon which a decision will be based.*

Student's Name \_\_\_\_\_ Name Preferred \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Home Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

Student Cell (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student E-mail \_\_\_\_\_ If student driver, driver license # \_\_\_\_\_

Male

Female

Ethnic Origin:

American Indian or Alaskan Native

Asian

Black or African American

Hawaiian or Pacific Islander

Hispanic

White or Caucasian

Other (specify): \_\_\_\_\_

*This information is used only for statistical purposes and is not used by BCS in the admissions decision.*

### Family Information

*Please complete address and phone numbers if different from above.*

Father  Stepfather  Guardian

Mother  Stepmother  Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Living with child: ( ) Yes ( ) No

Living with child: ( ) Yes ( ) No

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

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

Home Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Person responsible for account? \_\_\_\_\_

Other children in family:

Name _____	Age _____	School _____
_____	_____	_____
_____	_____	_____

### Nondiscrimination Policy

Bethesda Christian School admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Names and addresses of living grandparents:

_____	_____	_____	_____	_____	_____
Name	Address	City	State	Zip	Email
_____	_____	_____	_____	_____	_____
Name	Address	City	State	Zip	Email

Are you interested in the grandparent names being placed on the mailing list for school newsletter?  Yes  No **Initial for approval** \_\_\_\_\_

### Emergency Contact / Authorized Person(s) to Pick-up Your Child

Name_____	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Student_____	Pick-up or Carpool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone ( )_____	Cell Phone ( )_____	Work Phone ( )_____	
Address_____			
Street	City	State	Zip

Name_____	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Student_____	Pick-up or Carpool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone ( )_____	Cell Phone ( )_____	Work Phone ( )_____	
Address_____			
Street	City	State	Zip

Name_____	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Student_____	Pick-up or Carpool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone ( )_____	Cell Phone ( )_____	Work Phone ( )_____	
Address_____			
Street	City	State	Zip

Name_____	Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Student_____	Pick-up or Carpool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone ( )_____	Cell Phone ( )_____	Work Phone ( )_____	
Address_____			
Street	City	State	Zip

### Miscellaneous Information

Please list the public school that this student would be attending if not attending BCS. *(This information is used only for statistical purposes.)*

Local School \_\_\_\_\_ District \_\_\_\_\_ County \_\_\_\_\_

Last school attended \_\_\_\_\_ Phone # \_\_\_\_\_ Grade: \_\_\_\_\_

Home Church \_\_\_\_\_ How long have you attended this church? \_\_\_\_\_

Denomination \_\_\_\_\_

Please check the appropriate box(es):

- Parents attend church regularly  Applicant attends church regularly  Applicant attends Sunday School

Please list any medical condition you would like the school nurse to know about \_\_\_\_\_

We understand that enrollment to BCS is a privilege, not a right. The information listed above is accurate and true to the best of our knowledge.

\_\_\_\_\_  
Father's or Guardian's Signature

\_\_\_\_\_  
Mother's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## PARENT QUESTIONNAIRE

BCS partners with families in providing a strong education within a Christ-centered environment. Our aim is to augment the values and ideas of the Christian home. To better understand your goals, please answer the following questions:

Who referred you to Bethesda Christian School?

\_\_\_\_\_

Describe ways that you integrate your faith into your family's life. \_\_\_\_\_

\_\_\_\_\_

Explain why you want your child to attend BCS. \_\_\_\_\_

\_\_\_\_\_

What three positive character traits do you most often observe in your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What three character traits in your child would you want improved?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What motivates your child to succeed? \_\_\_\_\_

\_\_\_\_\_

What are the academic strengths of your child? \_\_\_\_\_

\_\_\_\_\_

In what area(s) does your child demonstrate special interest, aptitude or unique ability? \_\_\_\_\_

\_\_\_\_\_

What are your child's greatest needs? \_\_\_\_\_

\_\_\_\_\_

Does your child require special assistance in any academic area?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate your child attending college after high school?  Yes  No

Has your child ever been suspended or expelled from school?  Yes  No

(If yes, please attach a letter of explanation.)

Completed by: \_\_\_\_\_

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

**APPLICANT QUESTIONNAIRE (Grades 6-12)**

***This information should be completed by the student.***

BCS students are challenged to develop a quality of character that promotes self-discipline, individual responsibility, and personal integrity. These standards will guide students to discover and develop their highest potential according to God’s purpose for their life.

Having read the statement above, please complete the following:

Are you a Christian?     Yes                                     No                                     Don’t know for sure

If yes, state why you consider yourself a Christian. \_\_\_\_\_

\_\_\_\_\_

What is(are) your favorite academic subject(s)? \_\_\_\_\_

\_\_\_\_\_

What subject(s) is(are) of least interest to you? \_\_\_\_\_

\_\_\_\_\_

In a well-constructed paragraph using your own words, tell us about yourself and your interests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN TO:

**Admissions Team**

Bethesda Christian School

4700 North Beach Street • Fort Worth, Texas 76137

(817) 281-6446

[www.bethesdachristianschool.org](http://www.bethesdachristianschool.org)