

BETHEL CHRISTIAN ACADEMY

406 North Bronough Street • Tallahassee, Florida 32301

(850) 222-6605 • (850) 521-7273 • FAX: (850) 521-0216

A Ministry of Bethel Missionary Baptist Church

Reverend Dr. R. B. Holmes, Jr., Pastor

STUDENT APPLICATION

Student's Name _____

Grade _____ School Year _____



“TRAIN UP A CHILD IN THE WAY HE SHOULD GO, AND WHEN HE IS OLD HE WILL NOT DEPART FROM IT.” - Proverbs 22:6

Since God's love extends equally to all people, Bethel Christian Academy welcomes and encourages all His children, regardless of race, color, or nationality, to apply for admission and does not discriminate on the basis of race, color or nationality in the administration of any program of the school.



Founded 1992

APPLICATION FOR ADMISSION

Where Every Child is S-H-I-N-I-N-G
(Successful-Helpful-Imaginative-Neighborly-Intelligent-Noble-and Good Natured!)

Today's Date _____ Applying for 20__20__ School Year

APPLYING FOR (Circle Grade): PreK K 1 2 3 4 5 6 7 8 9

STUDENT INFORMATION

Student's Full Name _____

Current Grade _____ Date of Birth _____ Age _____

Sex: M F Student's Social Security Number: _____

Student's Address, if different from custodial parent:

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Has this student ever attended Bethel Christian Academy before? No Yes

If Yes, when? _____

Why do you want your child to attend Bethel Christian Academy?

What expectations do you have of your child as a student here?

PARENT(S) / GUARDIAN INFORMATION

Student's mother and father are: Married and living together
 Separated
 Divorced
 Other (explain) _____

If separated or divorced, who has legal custody? _____

FATHER

Father's Full Name _____ Address _____
City _____ State _____ Zip _____ Email Address _____
Home Phone (____) _____ Cell Phone (____) _____
Place of Employment _____ Title of Position _____
Business Address _____
City _____ State _____ Zip _____ Work Phone (____) _____
Church Affiliation (Name) _____ Member? Yes No

MOTHER

Mother's Full Name _____ Address _____
City _____ State _____ Zip _____ Email Address _____
Home Phone (____) _____ Cell Phone (____) _____
Place of Employment _____ Title of Position _____
Business Address _____
City _____ State _____ Zip _____ Work Phone (____) _____
Church Affiliation (Name) _____ Member? Yes No

GUARDIAN

Guardian's Full Name _____ Relationship _____ Address _____
City _____ State _____ Zip _____ Email Address _____
Home Phone (____) _____ Cell Phone (____) _____
Place of Employment _____ Business Address _____
City _____ State _____ Zip _____ Work Phone (____) _____
Church Affiliation (Name) _____ Member? Yes No

EDUCATIONAL BACKGROUND INFORMATION

Name and address of current school:

Attended: From _____ To _____

Has this student ever repeated or been held back in any grade? Yes No

If yes, which grade(s)? _____ Please explain: _____

Has this student ever been suspended or asked to withdraw from another school? Yes No

If yes, give the name of the school and details. _____

Has this student ever been evaluated or referred for evaluation for learning difficulties or school adjustment problems by a school official, psychologist, or other professional?

NOTE: Students entering Bethel Christian Academy for the first time must have a physical from a doctor on file with the school on the approved Florida HRS form.

PARENTS’/GUARDIANS AFFIRMATION OF AGREEMENT

By signing below, we the parents or guardians of this student affirm that we have given completely truthful information herein; that we have received, read, and understand, and will abide by the policies and agreements, namely: (1) Statement of Doctrinal Beliefs, (2) Parents’/Guardians Statement of Support, and (3) Dress Code and Discipline Policies.

Father’s Signature _____ Date _____

Mother’s Signature _____ Date _____

Guardian’s Signature _____ Date _____

Interview Date: _____ Test Date _____ Results _____

Comments:

