



BETHEL BAPTIST CHRISTIAN SCHOOL

A MINISTRY OF BETHEL BAPTIST CHURCH

APPLICATION FOR ENROLLMENT

*Please complete this application and return it to the school office. If something does not pertain, please draw a line through the space or write "none"; in this way, we know nothing has been overlooked. Upon review of your application, the office will contact you for an interview with the Principal. **Please print clearly.***

Office Use Only
Appt. with Principal _____ Approved _____

Date application submitted: _____

Prospective student(s): _____ Age: _____ DOB: _____ Grade last completed: _____

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Parents'/Guardians' Names: (Father) _____ Cell Phone: _____

(Mother) _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Apartment Name: _____ Apt. #: _____

E-mail address: _____

Home Phone: _____ Work Phone: _____

In order for Bethel Baptist Christian School to maintain its distinctive Christian nature, students and their parents are required to regularly attend Bethel Baptist Church or a Bible-believing church of like faith and doctrine.

Name of church you currently attend: _____

City: _____ Church Denomination: _____

Church Phone: _____ Pastor's name: _____

How long have you been attending this church? _____ Are you a member? _____

How often do you attend? _____ Church Website _____

Last school attended: _____

Address: _____ City _____ State _____ Zip _____

How did you hear of our school? _____

Please briefly describe what you are looking for in a school? _____

Please explain why you think B.B.C.S. is right for your child(ren)? _____

Are you able to meet the financial obligations of this school? _____