

### Pre-Registration

Student # \_\_\_\_\_

**BCCD CHRISTIAN ACADEMY**

Grade:

#### LEGAL NAME OF THE STUDENT (BIRTH CERTIFICATE or EQUIVALENT)

Legal Last Name                      Legal First Name                      Legal Middle                      Name Student's Nickname

Male  
 Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_  
Mo Day Year                      City                      State                      Country

Online

Presential

Has child attended BCCD Christian Academy before? If so, when? \_\_\_\_\_

If not, most recent school attended: \_\_\_\_\_  
School                      District                      Grade(s)                      Date(s)

#### STUDENT HOUSEHOLD ADDRESS

House #                      Street                      Complex Name/ apartment #

City                      State                      Zip code

#### PARENT GUARDIAN CONTACT INFORMATION

First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
Telephone:	Telephone:
Cell phone:	Cell phone:

#### Statement of co-operation

In making application for my child it is my desire to have him complete the school year: \_\_\_\_\_/\_\_\_\_\_

It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including fitnesses, music, bible, Spanish.

Parent's Signature \_\_\_\_\_

Entrance Test: Score: \_\_\_\_\_% Accepted:  Yes  NO  CONDITIONAL