

Please use Blue or Black Ink Only



**CHRISTIAN SCHOOL**  
100 Anthony Grove Road  
Crouse, NC 28033  
**School Application**

OFFICE USE ONLY	
Date	_____
Application	_____
App. Fee	_____
Reg. Fee	_____
Tested	_____
Interview	_____

Application Date \_\_\_\_\_ School Year \_\_\_\_\_

Applying for Grade: (circle one) P 3's P4's K Enrichment Afternoon

Method of Payment: Payment in Full  10 Monthly Payments



Name \_\_\_\_\_  
(Last) (First) (Middle)

Name preferred (nickname, abbreviation, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ email \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
(City) (State) (Country)

Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_



Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business/Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address ( If different from Father) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business/Cell \_\_\_\_\_

Emergency Telephone Number other than those already listed \_\_\_\_\_

Marital Status:  Married  Divorced  Remarried  Separated  Widow  Widower  Single

If divorced, who has legal custody?  Father  Mother  Joint Other (Explain) \_\_\_\_\_

**Copy of legal custody document must be in student file.**

Children in family of school age if not applying:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Reason they are not applying: \_\_\_\_\_

\_\_\_\_\_



Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE ANSWER**

Father, born-again Christian (John 3:3-5)  Yes  No      Family Practice – Daily Devotions?  Yes  No  
 Mother, born-again Christian (John 3:3-5)  Yes  No      Family Practice – Grace at Meals?  Yes  No  
 Has your child ever made a profession of faith in Christ?  Yes  No

Church Attendance: Regular (3-4 Weeks a Month)    Occasional (Once Per Month)    Seldom

Applicant	_____	Regular	_____	Occasional	_____	Seldom
Father	_____	Regular	_____	Occasional	_____	Seldom
Mother	_____	Regular	_____	Occasional	_____	Seldom

We request that you consider the following items and respond to them for our mutual understanding:

A. How do you provide spiritual training for children in the home? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. What goals do you have in mind for the training and development of your child(ren) as individuals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. What are your reasons for wanting to enroll your children in Faith Christian School? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any mental, emotional or physical handicaps that may affect his/her activities or progress that should be known? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Does child have any physical disabilities or allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHD, etc., that require special treatment and/or programs?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child on medication?  Yes  No If yes, please list medications and explain usage: \_\_\_\_\_

\_\_\_\_\_



Bridge of Hope school is tuition driven, its basic program dependent entirely upon student tuition and fees. However, we do wish to be sensitive to the unique financial situations of our families. If you do not qualify for tuition reduction according to our tuition schedule, please feel free to contact our office to determine if assistance might be available.



We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Date: \_\_\_\_\_ Father/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Mother/Guardian Signature: \_\_\_\_\_

Complete both sides of card.  
**Information and Emergency Health Card**

Student Name (Last, First, Middle Initial) Preferred Name Grade M/F Birth Date

Student Address Phone

Parent's E-mail Address

Father/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Mother/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Marital Status:  Married  Divorced  Remarried  Separated  Widow/Widower  Single

If divorced, who has legal custody?  Father  Mother  Joint Other

Give **3 LOCAL PEOPLE** whom we could call in case of emergency when you or the caregiver cannot be reached.

Name	Address	Phone	Relationship
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Caregiver Phone

Church Attending Phone

Church Address Pastor

Family Physician Phone

Hospital Preferred

Permission to use: Tylenol \_\_\_ Advil \_\_\_ Neosporin \_\_\_

Allergies, Medications, or Other Concerns: \_\_\_\_\_

Insurance Company Policy Number

Insured's Name In Case of Emergency Contact

**Parent Permission and Medical Release**

I hereby give permission to Bridge of Hope school staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Bridge of Hope school staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Signature of Parent or Guardian \_\_\_\_\_



## PICK UP LIST

In an on-going effort to safeguard your child, we are implementing a pick up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list, to pick up your child, the child or driver must have a written note with your signature or they will not be released to them.

Students Name \_\_\_\_\_ Home Phone \_\_\_\_\_

	NAME	PHONE	RELATIONSHIP TO STUDENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF COOPERATION

Student's Full Name \_\_\_\_\_

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Bridge of Hope school student body, each student and parent enter with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Bridge of Hope school accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home, and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go." (Prov. 22:6)

Furthermore, I/we agree:

- 1. To authorize Bridge of Hope school to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/We understand that this includes permission: (a) to discipline as deemed wise and expedient for my child; (b) to counsel my child Biblically; (c) to be counseled Biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
- 2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to scriptural principles (Matthew 18 and Galatians 6).
- 3. That assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
- 4. That the school may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I understand that attendance at Bridge of Hope is a privilege and not a right.
- 5. To pay tuition according to the schedule or to other arrangements that shall be made. I/We understand that report cards may be withheld if required payments are not made or arranged for. I/We also understand that if my account is past due, and no arrangements have been made, my child will no longer be able to attend
- 6. To give permission for my child to take part in all school activities, including school sponsored field trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
- 7. To help my child with homework when necessary and cooperate with the academic goals of the school.
- 8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

**I have read or will read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms as stated. (Signature required by both parents)**

\_\_\_\_\_  
Signature of father or guardian / Date

\_\_\_\_\_  
Signature of mother or guardian / Date

STUDENT(S) \_\_\_\_\_  
SCHOOL/GRADE \_\_\_\_\_

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**CONSENT FOR RELEASE  
OF PERSONALLY IDENTIFIABLE INFORMATION**

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned,  do  do not give permission to Bridge of Hope school staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PARENT'S CODE**

1. I will pray earnestly for Bridge of Hope school.
2. I will cooperate fully in the educational functions of BOH doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life. I will not take up the offense of my child.
3. I will pay all of my financial obligations to BOH on or before the date due. If I am ever unable to pay on time, I will notify the Bookkeeper in advance, a) Giving a reasonable explanation for the delay, and b) stating when payment can be made.
4. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for BOH as opportunities arise and as God provides time and strength.
6. I will recommend BOH to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the school regularly, and will make every effort to have my child present at all school programs.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons most directly involved rather than to spread criticism or hold a negative attitude in my heart. I will go to the teacher first, Principal second, School Board last. (Not Church Leadership).
9. I will seek the advancement of BOH in all areas. I will speak positively about the school in the community and support all school efforts to accommodate my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



I hereby give permission for school personnel to help my child change wet clothing during the school year.

Parent Signature: \_\_\_\_\_

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

Dated: \_\_\_\_\_



I prefer to be called and to either come pick up my child or to bring him/her dry clothing.

Yes

No

Parent Signature: \_\_\_\_\_

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

Dated: \_\_\_\_\_

My child will be potty-trained by the first day of school.

Yes

No

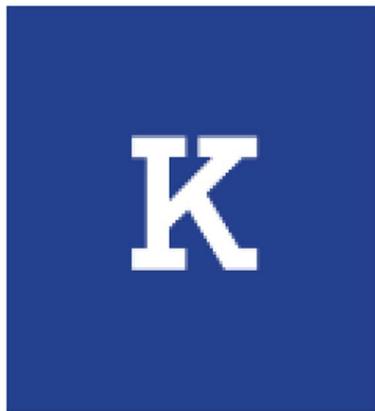
Parent Signature \_\_\_\_\_

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# NC BACK TO SCHOOL Immunization Requirements

## Kindergarten Entry Vaccine Requirements\*



DTaP	5 doses
Polio	4 doses
Hib (4-YEAR-OLDS ONLY)	3-4 doses
MMR (or 2 measles, 2 mumps, 1 rubella)	2 doses
Hepatitis B	3 doses
Varicella	2 doses
Pneumococcal conjugate (4-YEAR-OLDS ONLY)	4 doses

\* *At all ages and grades, the number of doses required may vary by a child's age and when they were vaccinated.*

