

Grade Applying For

Personal Information

_____	____/____/____	_____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Student's Full Name (Last, First, Middle)	Birthdate	Age	
_____	_____	_____	
Primary Residence Address	City	Zip Code	
Are you coming to BTCS based on someone's recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who? _____			

Preschool/Kindergarten Program Requested: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day
Days Attending: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single
Child lives with: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
(If other, please explain: _____)
*If the child does not live with both parents, please provide a copy of the legal custody arrangements.

FATHER'S INFORMATION

Father's Full Name (Last, First, Middle)		
_____	_____	_____
Residence Address (if different from child)	City	Zip Code
(____) _____	(____) _____	_____
Father's Cell Phone	Father's Work Phone	Email Address
_____	_____	
Father's Place of Employment	Employment Position	

MOTHER'S INFORMATION

_____ Mother's Full Name (Last, First, Middle)			
_____ Residence Address (if different from child)		_____ City	_____ Zip Code
(_____) _____ Mother's Cell Phone	(_____) _____ Mother's Work Phone	_____ Email Address	
_____ Mother's Place of Employment		_____ Employment Position	

GUARDIAN'S INFORMATION

_____ Guardian's Full Name (Last, First, Middle)			
_____ Residence Address (if different from child)		_____ City	_____ Zip Code
(_____) _____ Guardian's Cell Phone	(_____) _____ Guardian's Work Phone	_____ Email Address	
_____ Guardian's Place of Employment		_____ Employment Position	

Christian History Information

_____ Name of Church You are Currently Attending	_____ Years Attended	_____ Pastor's Name
Attends church: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom		

School History Information—New Applicants Only

_____ School Last Attended			
_____ Address		_____ City	_____ Zip Code
Reason for Changing Schools			
Has your child repeated any grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate grade _____			
Has your child ever been expelled, suspended, or requested to leave any school? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IV. Statement of Cooperation

I understand that my child's attendance at Burge Terrace Christian School is a privilege and not a right. If at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate my child's enrollment at its discretion. I agree with the school's efforts to train my child according to biblical principles and will encourage him/her in this and in all other phases of the curriculum. In accordance with the ministry policies of Burge Terrace Baptist Church, I know that Burge Terrace Christian School reserves the right to refuse admission to (or to dismiss) any student who adopts a belief system or lifestyle that is inconsistent with the teaching of Scripture.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I authorize treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, is needed to prevent endangerment to the child's life, disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Signature of Father or Guardian

Print Name

Signature of Mother or Guardian

Print Name

(Note: If child lives with both parents/guardians, both signatures are required.)

V. Statement of Financial Responsibility

I understand that I am responsible for all tuition and fees, as well as miscellaneous charges, that accrue on the above named student's account. Payments are due in the amount and on the schedule I have arranged with the school business office. My signature certifies that I have carefully read the school's Financial Information sheet.

Name of parent/guardian responsible for tuition and fees for this child? _____

Email address to receive invoice: _____

Phone Number: _____

Is there another party authorized to discuss tuition and fees? Yes No

Name: _____ Relationship to Child: _____

Should this person receive a copy of the invoice? Yes No

Email address to receive invoice: _____

Phone Number: _____

Signature of Person Assuming Responsibility

Date